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| Fill in this information to identify your case: |                                 |                                 |
|-------------------------------------------------|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|                                                 | Chapter 7                       |                                 |
|                                                 | ☐ Chapter 11                    |                                 |
|                                                 | ☐ Chapter 12                    |                                 |
|                                                 | ☐ Chapter 13                    | Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                   | About Debtor 1:                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| Your full name                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| Write the name that is on your government-issued                                                                  | Brian First name                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | First name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| example, your driver's license or passport).                                                                      | Michael Middle name                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Middle name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| Bring your picture identification to your meeting with the trustee.                                               | Patterson Last name and Suffix (Sr., Jr., II, III)                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Last name and Suffix (Sr., Jr., II, III)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| All other names you have used in the last 8 years                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| Include your married or maiden names.                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7080                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                   | Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Bring your picture identification to your meeting with the trustee.  Patterson Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Patterson  Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 1:  Brian  First name  Michael  Middle name  Patterson  Last name and Suffix (Sr., Jr., II, III) |  |  |  |  |

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Case number (if known)

Debtor 1 Brian Michael Patterson

|                                                                                                            |                                                 | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |  |  |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |                                                 | ■ I have not used any business name or EINs.                                                                                                        | ☐ I have not used any business name or EINs.                                                                                               |  |  |  |
|                                                                                                            | Include trade names and doing business as names | Business name(s)                                                                                                                                    | Business name(s)                                                                                                                           |  |  |  |
|                                                                                                            |                                                 | EINs                                                                                                                                                | EINs                                                                                                                                       |  |  |  |
| 5.                                                                                                         | Where you live                                  |                                                                                                                                                     | If Debtor 2 lives at a different address:                                                                                                  |  |  |  |
|                                                                                                            |                                                 | 5115 N Clark St., #3B<br>Chicago, IL 60640<br>Number, Street, City, State & ZIP Code                                                                | Number, Street, City, State & ZIP Code                                                                                                     |  |  |  |
|                                                                                                            |                                                 | Cook                                                                                                                                                |                                                                                                                                            |  |  |  |
|                                                                                                            |                                                 | County                                                                                                                                              | County                                                                                                                                     |  |  |  |
|                                                                                                            |                                                 | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|                                                                                                            |                                                 | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                    | Number, P.O. Box, Street, City, State & ZIP Code                                                                                           |  |  |  |
| 6.                                                                                                         | Why you are choosing this district to file for  | Check one:                                                                                                                                          | Check one:                                                                                                                                 |  |  |  |
|                                                                                                            | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|                                                                                                            |                                                 | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                                        | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                               |  |  |  |
|                                                                                                            |                                                 |                                                                                                                                                     |                                                                                                                                            |  |  |  |

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Debtor 1 Brian Michael Patterson

Case number (if known)

| Par | Tell the Court About                                                                                     | our B        | Bankruptcy Ca                    | se                                            |                                         |                              |                      |                                                  |                                                                                     |
|-----|----------------------------------------------------------------------------------------------------------|--------------|----------------------------------|-----------------------------------------------|-----------------------------------------|------------------------------|----------------------|--------------------------------------------------|-------------------------------------------------------------------------------------|
| 7.  | The chapter of the Bankruptcy Code you are                                                               |              |                                  |                                               | of each, see No                         |                              |                      | 342(b) for Individuals                           | Filing for Bankruptcy                                                               |
|     | choosing to file under                                                                                   | ■ Chapter 7  |                                  |                                               |                                         |                              |                      |                                                  |                                                                                     |
|     |                                                                                                          | □ Chapter 11 |                                  |                                               |                                         |                              |                      |                                                  |                                                                                     |
|     |                                                                                                          | □с           | hapter 12                        |                                               |                                         |                              |                      |                                                  |                                                                                     |
|     |                                                                                                          | □с           | hapter 13                        |                                               |                                         |                              |                      |                                                  |                                                                                     |
|     |                                                                                                          |              | •                                |                                               |                                         |                              |                      |                                                  |                                                                                     |
| 3.  | How you will pay the fee                                                                                 |              | about how yo                     | u may pay. Ty <sub>l</sub><br>attorney is sub | pically, if you are                     | paying the                   | fee yourself, you m  | ay pay with cash, ca                             | cal court for more details<br>ashier's check, or money<br>credit card or check with |
|     |                                                                                                          |              |                                  |                                               | stallments. If you<br>ts (Official Form |                              | s option, sign and a | attach the Application                           | n for Individuals to Pay                                                            |
|     |                                                                                                          |              | I request that<br>but is not req | t my fee be wa                                | aived (You may<br>your fee, and ma      | request this<br>ay do so onl | ly if your income is | less than 150% of th                             | 7. By law, a judge may, ne official poverty line that                               |
|     |                                                                                                          |              |                                  |                                               |                                         |                              |                      | ). If you choose this<br>B) and file it with you | option, you must fill out ur petition.                                              |
| ).  | Have you filed for bankruptcy within the                                                                 | ■ No         | D.                               |                                               |                                         |                              |                      |                                                  |                                                                                     |
|     | last 8 years?                                                                                            | □ Ye         | es.                              |                                               |                                         |                              |                      |                                                  |                                                                                     |
|     |                                                                                                          |              | District                         |                                               |                                         | When                         |                      | Case number                                      |                                                                                     |
|     |                                                                                                          |              | District                         |                                               |                                         | When                         |                      | Case number                                      |                                                                                     |
|     |                                                                                                          |              | District                         |                                               |                                         | When                         |                      | Case number                                      |                                                                                     |
| 10. | Are any bankruptcy                                                                                       | ■ No         | 0                                |                                               |                                         |                              |                      |                                                  |                                                                                     |
|     | cases pending or being<br>filed by a spouse who is<br>not filing this case with<br>you, or by a business | □ Ye         | es.                              |                                               |                                         |                              |                      |                                                  |                                                                                     |
|     | partner, or by an affiliate?                                                                             |              |                                  |                                               |                                         |                              |                      |                                                  |                                                                                     |
|     |                                                                                                          |              | Debtor                           |                                               |                                         |                              |                      | Relationship to you                              |                                                                                     |
|     |                                                                                                          |              | District                         | -                                             |                                         | When                         |                      | Case number, if kno                              | own                                                                                 |
|     |                                                                                                          |              | Debtor                           |                                               |                                         |                              |                      | Relationship to you                              |                                                                                     |
|     |                                                                                                          |              | District                         |                                               |                                         | When                         |                      | Case number, if kno                              | own                                                                                 |
| 11. | Do you rent your residence?                                                                              | ■ No         | Go to li                         | ne 12.                                        |                                         |                              |                      |                                                  |                                                                                     |
|     | residence:                                                                                               | □ Ye         | es. Has yo                       | ur landlord obt                               | ained an evictior                       | judgment a                   | against you?         |                                                  |                                                                                     |
|     |                                                                                                          |              |                                  | No. Go to line                                | 12.                                     |                              |                      |                                                  |                                                                                     |
|     |                                                                                                          |              |                                  | Yes. Fill out Ir this bankrupto               |                                         | lbout an Ev                  | iction Judgment Ag   | ainst You (Form 101                              | A) and file it as part of                                                           |
|     |                                                                                                          |              |                                  |                                               |                                         |                              |                      |                                                  |                                                                                     |

| Debtor 1 | Brian Michael Patterson | Document | Page 4 of 51 | Case number (if known) |  |
|----------|-------------------------|----------|--------------|------------------------|--|
|          |                         |          |              |                        |  |

| Par                                                                                                                                                                                                                                                                                                                                                               | t 3: Report About Any Bu                                                                                          | sinesses | You Own a                                                                                                     | as a Sole Propriet                     | or                                                                                                                                                                                                                                                                    |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 12.                                                                                                                                                                                                                                                                                                                                                               | Are you a sole proprietor of any full- or part-time business?                                                     | ■ No.    | Go to F                                                                                                       | Part 4.                                |                                                                                                                                                                                                                                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | ☐ Yes.   | Name a                                                                                                        | Name and location of business          |                                                                                                                                                                                                                                                                       |  |  |  |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one  Name of business, if any  Name of business, if any |                                                                                                                   |          |                                                                                                               |                                        |                                                                                                                                                                                                                                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   | If you have more than one sole proprietorship, use a separate sheet and attach                                    |          | Numbe                                                                                                         | r, Street, City, Stat                  | e & ZIP Code                                                                                                                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   | it to this petition.                                                                                              |          | Check                                                                                                         | the appropriate bo                     | x to describe your business:                                                                                                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |          |                                                                                                               | Health Care Busin                      | ness (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |          |                                                                                                               | Single Asset Real                      | Estate (as defined in 11 U.S.C. § 101(51B))                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |          |                                                                                                               | •                                      | efined in 11 U.S.C. § 101(53A))                                                                                                                                                                                                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |          |                                                                                                               | •                                      | r (as defined in 11 U.S.C. § 101(6))                                                                                                                                                                                                                                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |          |                                                                                                               | None of the above                      |                                                                                                                                                                                                                                                                       |  |  |  |
| Chapter 11 of the Bankruptcy Code and are you a small business deadlines. If you indicate operations, cash-flow state in 11 U.S.C. 1116(1)(B).                                                                                                                                                                                                                    |                                                                                                                   |          |                                                                                                               | licate that you are w statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   | debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).                                      | ■ No.    | I am no                                                                                                       | ot filing under Chap                   | eter 11.                                                                                                                                                                                                                                                              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | □ No.    | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the I Code. |                                        |                                                                                                                                                                                                                                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | ☐ Yes.   | I am fili                                                                                                     | ng under Chapter                       | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.                                                                                                                                                                               |  |  |  |
| Part                                                                                                                                                                                                                                                                                                                                                              | t 4: Report if You Own or                                                                                         | Have Any | / Hazardou                                                                                                    | ıs Property or An                      | y Property That Needs Immediate Attention                                                                                                                                                                                                                             |  |  |  |
| 14.                                                                                                                                                                                                                                                                                                                                                               | Do you own or have any property that poses or is                                                                  | ■ No.    |                                                                                                               |                                        |                                                                                                                                                                                                                                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   | alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                             | ☐ Yes.   | What is th                                                                                                    | ne hazard?                             |                                                                                                                                                                                                                                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   | public health or safety?<br>Or do you own any<br>property that needs                                              |          |                                                                                                               | ate attention is why is it needed?     |                                                                                                                                                                                                                                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   | immediate attention?                                                                                              |          |                                                                                                               | ,                                      |                                                                                                                                                                                                                                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? |          | Where is                                                                                                      | the property?                          |                                                                                                                                                                                                                                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                   | a.gom ropuno.                                                                                                     |          |                                                                                                               |                                        | Number, Street, City, State & Zip Code                                                                                                                                                                                                                                |  |  |  |

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Debtor 1 Brian Michael Patterson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 51 Case number (if known) Debtor 1 **Brian Michael Patterson** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **2**5,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50.000 estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Brian Michael Patterson Signature of Debtor 2 **Brian Michael Patterson** 

Voluntary Petition for Individuals Filing for Bankruptcy

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on June 15, 2018

MM / DD / YYYY

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Debtor 1 Brian Michael Patterson

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Case number (if known)

| /s/ Richard N. Golding                 | Date          | June 15, 2018           |
|----------------------------------------|---------------|-------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY          |
| Richard N. Golding 0992100             |               |                         |
| The Golding Law Offices, P.C.          |               |                         |
| Firm name                              |               |                         |
| 500 North Dearborn Street              |               |                         |
| Second Floor                           |               |                         |
| Chicago, IL 60654                      |               |                         |
| Number, Street, City, State & ZIP Code |               |                         |
| Contact phone (312) 832-7885           | Email address | RGOLDING@GOLDINGLAW.NET |
| 0992100 IL                             |               |                         |
| Bar number & State                     |               | <del></del>             |

|                      |                        | Docum             | ent Page 8 of 9 | <u> </u> |                                      |
|----------------------|------------------------|-------------------|-----------------|----------|--------------------------------------|
| Fill in this informa | ation to identify your | case:             |                 |          |                                      |
| Debtor 1             | Brian Michael Pat      | terson            |                 |          |                                      |
|                      | First Name             | Middle Name       | Last Name       |          |                                      |
| Debtor 2             |                        |                   |                 |          |                                      |
| (Spouse if, filing)  | First Name             | Middle Name       | Last Name       |          |                                      |
| United States Bank   | cruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |          |                                      |
| Case number          |                        |                   |                 |          |                                      |
| (if known)           |                        |                   |                 |          | ☐ Check if this is an amended filing |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|    |                                                                                                                                                                                                    | Your a       | ssets<br>of what you own      |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|
|    | Only date AID. Propositio (Official Form 400A/D)                                                                                                                                                   | value        | or what you own               |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                               | \$           | 0.00                          |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$           | 5,858.32                      |
|    | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$           | 5,858.32                      |
| Pa | t 2: Summarize Your Liabilities                                                                                                                                                                    |              |                               |
|    |                                                                                                                                                                                                    |              | <b>abilities</b><br>t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                          |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 0.00                          |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$           | 100,935.03                    |
|    | Your total liabilities                                                                                                                                                                             | \$           | 100,935.03                    |
| Pa | t 3: Summarize Your Income and Expenses                                                                                                                                                            |              |                               |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$           | 3,532.02                      |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$           | 2,932.12                      |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records                                                                                                                             |              |                               |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch | nedules.                      |
| 7. | ■ Yes What kind of debt do you have?                                                                                                                                                               |              |                               |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Case number (if known) Debtor 1 Brian Michael Patterson

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,723.87 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:                                                                             | Total | claim     |
|------------------------------------------------------------------------------------------------------------------------------|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$    | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$    | 57,186.88 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$    | 57,186.88 |

|          |                                          |                                                                                                          | Docume                                                                            | nt Page 10 of 51                                                                                                    |                                          |                                                   |
|----------|------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------|
| Fill in  | this infor                               | rmation to identify your                                                                                 | case and this filing:                                                             |                                                                                                                     |                                          |                                                   |
| Debto    | or 1                                     | Brian Michael Pa                                                                                         | tterson                                                                           |                                                                                                                     |                                          |                                                   |
|          |                                          | First Name                                                                                               | Middle Name                                                                       | Last Name                                                                                                           |                                          |                                                   |
| Debto    |                                          |                                                                                                          |                                                                                   |                                                                                                                     |                                          |                                                   |
| (Spous   | e, if filing)                            | First Name                                                                                               | Middle Name                                                                       | Last Name                                                                                                           |                                          |                                                   |
| Unite    | d States B                               | ankruptcy Court for the:                                                                                 | NORTHERN DISTRICT C                                                               | F ILLINOIS                                                                                                          |                                          |                                                   |
|          |                                          |                                                                                                          |                                                                                   |                                                                                                                     |                                          |                                                   |
| Case     | number                                   |                                                                                                          |                                                                                   |                                                                                                                     |                                          | ☐ Check if this is an                             |
|          |                                          |                                                                                                          |                                                                                   |                                                                                                                     |                                          | amended filing                                    |
|          |                                          |                                                                                                          |                                                                                   |                                                                                                                     |                                          |                                                   |
| Offi     | cial Fo                                  | orm 106A/B                                                                                               |                                                                                   |                                                                                                                     |                                          |                                                   |
|          |                                          | _                                                                                                        | ortv                                                                              |                                                                                                                     |                                          | 40/45                                             |
|          |                                          | le A/B: Prop                                                                                             |                                                                                   |                                                                                                                     |                                          | 12/15                                             |
| think it | fits best.                               | Be as complete and accura<br>re space is needed, attach                                                  | ate as possible. If two married                                                   | ice. If an asset fits in more than o<br>I people are filing together, both a<br>I. On the top of any additional pag | re equally responsible for s             | upplying correct                                  |
| Part 1   | : Describe                               | e Each Residence, Building                                                                               | g, Land, or Other Real Estate                                                     | You Own or Have an Interest In                                                                                      |                                          |                                                   |
| 1 0-     | VOII 0327 57                             | havo any logal ar arvit-t-                                                                               | o intorost in any residence. Le                                                   | uilding land or similar property                                                                                    |                                          |                                                   |
| 1. DO    | you own or                               | nave any legal or equitable                                                                              | e interest in any residence, b                                                    | uilding, land, or similar property?                                                                                 |                                          |                                                   |
|          | No. Go to Pa                             | art 2.                                                                                                   |                                                                                   |                                                                                                                     |                                          |                                                   |
|          | res. Where                               | is the property?                                                                                         |                                                                                   |                                                                                                                     |                                          |                                                   |
|          | _                                        |                                                                                                          |                                                                                   |                                                                                                                     |                                          |                                                   |
| Part 2   | Describe                                 | Your Vehicles                                                                                            |                                                                                   |                                                                                                                     |                                          |                                                   |
|          | ,                                        | rucks, tractors, sport u                                                                                 | tility vehicles, motorcycle                                                       | s                                                                                                                   |                                          |                                                   |
| 0.4      | Malaa                                    | Honda                                                                                                    | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                                            | at in the annual of o                                                                                               | Do not deduct secured of                 | claims or exemptions. Put                         |
| 3.1      | Make:                                    | CTX 700                                                                                                  |                                                                                   | st in the property? Check one                                                                                       | the amount of any secur                  | ed claims on Schedule D:                          |
|          | Model:                                   |                                                                                                          | Debtor 1 only                                                                     |                                                                                                                     | Creditors who have Cla                   | ims Secured by Property.                          |
|          | Year:                                    | 2014<br>ate mileage:                                                                                     | ☐ Debtor 2 only ☐ Debtor 1 and De                                                 | abtan O amb                                                                                                         | Current value of the<br>entire property? | Current value of the portion you own?             |
|          | Other info                               | -                                                                                                        |                                                                                   | he debtors and another                                                                                              | entire property:                         | portion you own:                                  |
|          | motorcy                                  |                                                                                                          | At least one of the                                                               | ne debiors and another                                                                                              |                                          |                                                   |
|          |                                          | , 0.10                                                                                                   | ☐ Check if this is                                                                | community property                                                                                                  | \$1,600.00                               | \$1,600.00                                        |
|          |                                          |                                                                                                          | (see instructions)                                                                |                                                                                                                     |                                          |                                                   |
| Exa      | nmples: Book Yes  Idd the doll ges you h | ats, trailers, motors, pers  lar value of the portion lave attached for Part 2  e Your Personal and Hous | onal watercraft, fishing vess you own for all of your en . Write that number here | tries from Part 2, including an                                                                                     | y entries for                            | \$1,600.00  Current value of the portion you own? |
|          |                                          | and furnishings                                                                                          |                                                                                   |                                                                                                                     |                                          | Do not deduct secured claims or exemptions.       |

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

■ No

Official Form 106A/B Schedule A/B: Property

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Case number (if known) Document Debtor 1 **Brian Michael Patterson** ☐ Yes. Describe..... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$400.00 mac book \$300.00 tv \$300.00 mobile phone 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No Yes. Describe..... dvds \$200.00 \$200.00 art 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$600.00 used clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information.....

Official Form 106A/B Schedule A/B: Property page 2

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Debtor 1 **Brian Michael Patterson** 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,000.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... \$100.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **BMO Harris x3057** \$1,200,00 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts □ No Institution or issuer name: Yes..... Yelp stock \$958.32 22 shares 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes.....

Schedule A/B: Property

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Case number (if known) Document Debtor 1 **Brian Michael Patterson** 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ No Yes. Give specific information about them... \$0.00 cosmetology license Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

| Dob          | stor 1   | Case 18-1/204 Doc 1                                                                            | Document                    | Page 14 of            | 0/15/18 16:55:49<br>51<br>Case number (if known) | Desc Main              |
|--------------|----------|------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|--------------------------------------------------|------------------------|
| Dec          | otor 1   | Brian Michael Patterson                                                                        |                             |                       | Case number (if known)                           |                        |
| _            | Other o  | contingent and unliquidated claims of                                                          | every nature, including     | g counterclaims       | of the debtor and rights to                      | set off claims         |
|              | ☐ Yes.   | Describe each claim                                                                            |                             |                       |                                                  |                        |
| 35.          | Any fin  | ancial assets you did not already list                                                         |                             |                       |                                                  |                        |
|              | No       |                                                                                                |                             |                       |                                                  |                        |
|              | ☐ Yes.   | Give specific information                                                                      |                             |                       |                                                  |                        |
| 36.          |          | he dollar value of all of your entries fr<br>art 4. Write that number here                     |                             |                       |                                                  | \$2,258.32             |
| Part         | 5: Des   | scribe Any Business-Related Property You                                                       | Own or Have an Interest I   | n. List any real esta | ate in Part 1.                                   |                        |
| 37. <b>[</b> | Do you c | own or have any legal or equitable interest                                                    | in any business-related pr  | roperty?              |                                                  |                        |
|              | No. Go   | to Part 6.                                                                                     |                             |                       |                                                  |                        |
|              | Yes. G   | So to line 38.                                                                                 |                             |                       |                                                  |                        |
|              |          |                                                                                                |                             |                       |                                                  |                        |
| Part         |          | scribe Any Farm- and Commercial Fishing-<br>ou own or have an interest in farmland, list it in |                             | n or Have an Interes  | st In.                                           |                        |
| 46.          | Do you   | own or have any legal or equitable in                                                          | terest in any farm- or c    | commercial fishir     | g-related property?                              |                        |
|              | No.      | Go to Part 7.                                                                                  |                             |                       |                                                  |                        |
|              | ☐ Yes.   | . Go to line 47.                                                                               |                             |                       |                                                  |                        |
| Part         | 7:       | Describe All Property You Own or Have a                                                        | ın Interest in That You Did | I Not List Above      |                                                  |                        |
| 53.          |          | have other property of any kind you oles: Season tickets, country club member                  |                             |                       |                                                  |                        |
| _            | No       |                                                                                                |                             |                       |                                                  |                        |
| L            | J Yes. ⋅ | Give specific information                                                                      |                             |                       |                                                  |                        |
| 54.          | Add t    | he dollar value of all of your entries fr                                                      | om Part 7. Write that n     | umber here            |                                                  | \$0.00                 |
|              |          | •                                                                                              |                             |                       |                                                  | ,                      |
| Part         | 8:       | List the Totals of Each Part of this Form                                                      |                             |                       |                                                  |                        |
| 55.          | Part 1   | : Total real estate, line 2                                                                    |                             |                       |                                                  | \$0.00                 |
| 56.          | Part 2   | 2: Total vehicles, line 5                                                                      |                             | \$1,600.00            |                                                  |                        |
| 57.          | Part 3   | 3: Total personal and household items                                                          | s, line 15                  | \$2,000.00            |                                                  |                        |
| 58.          | Part 4   | l: Total financial assets, line 36                                                             |                             | \$2,258.32            |                                                  |                        |
| 59.          |          | i: Total business-related property, line                                                       |                             | \$0.00                |                                                  |                        |
| 60.          |          | 6: Total farm- and fishing-related prop                                                        |                             | \$0.00                |                                                  |                        |
| 61.          | Part 7   | : Total other property not listed, line                                                        | 54 +                        | \$0.00                |                                                  |                        |
| 62.          | Total    | personal property. Add lines 56 throug                                                         | h 61                        | \$5,858.32            | Copy personal property to                        | stal <b>\$5,858.32</b> |
| 63.          | Total    | of all property on Schedule A/B. Add I                                                         | line 55 + line 62           |                       |                                                  | \$5,858.32             |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this information to identify your case: |                          |                   |             |  |  |  |
|-------------------------------------------------|--------------------------|-------------------|-------------|--|--|--|
| riii iii ulis iliioi                            | mation to identify your  | case.             |             |  |  |  |
| Debtor 1                                        | Brian Michael Pa         | tterson           |             |  |  |  |
|                                                 | First Name               | Middle Name       | Last Name   |  |  |  |
| Debtor 2                                        |                          |                   |             |  |  |  |
| (Spouse if, filing)                             | First Name               | Middle Name       | Last Name   |  |  |  |
| United States Ba                                | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |  |  |
| Case number                                     |                          |                   |             |  |  |  |
| (if known)                                      |                          |                   |             |  |  |  |
|                                                 |                          |                   |             |  |  |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the<br>portion you own | Amo                          | ount of the exemption you claim                                 | Specific laws that allow exemption                                                                                                                                                                                                                                                                                                                                                                                               |  |
|-----------------------------------------|------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Copy the value from<br>Schedule A/B     | Che                          |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| \$1,600.00                              |                              | \$1,600.00                                                      | 735 ILCS 5/12-1001(c)                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                         |                              | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| \$400.00                                |                              | \$400.00                                                        | 735 ILCS 5/12-1001(b)                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                         |                              | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| \$300.00                                |                              | \$300.00                                                        | 735 ILCS 5/12-1001(b)                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                         |                              | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| \$300.00                                |                              | \$300.00                                                        | 735 ILCS 5/12-1001(b)                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                         |                              | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| \$200.00                                |                              | \$200.00                                                        | 735 ILCS 5/12-1001(b)                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                         |                              | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|                                         | \$1,600.00 \$400.00 \$300.00 | \$1,600.00                                                      | Schedule A/B  \$1,600.00  \$1,600.00  \$1,600.00  \$1,00% of fair market value, up to any applicable statutory limit  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00 |  |

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Debtor 1 Brian Michael Patterson Case number (if known)

|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|----|-------------------------------------------------------------------------------------|--------------------------------------|--------|-----------------------------------------------------------------|------------------------------------|
|    |                                                                                     | Copy the value from<br>Schedule A/B  | Che    |                                                                 |                                    |
|    | art Line from Schedule A/B: 8.2                                                     | \$200.00                             |        | \$200.00                                                        | 735 ILCS 5/12-1001(b)              |
|    | Line from Governo V.D. G.2                                                          |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | used clothing Line from Schedule A/B: 11.1                                          | \$600.00                             |        | \$600.00                                                        | 735 ILCS 5/12-1001(a)              |
|    | Line IIom Schedule A.B. 1111                                                        |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Cash Line from Schedule A/B: 16.1                                                   | \$100.00                             |        | \$100.00                                                        | 735 ILCS 5/12-1001(b)              |
|    | Line from Schedule A/B. 10.1                                                        |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking: BMO Harris x3057 Line from Schedule A/B: 17.1                             | \$1,200.00                           |        | \$1,200.00                                                      | 735 ILCS 5/12-1001(b)              |
|    | Line IIom Schedule A.B                                                              |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Yelp stock<br>22 shares                                                             | \$958.32                             |        | \$958.32                                                        | 735 ILCS 5/12-1001(b)              |
|    | Line from Schedule A/B: 18.1                                                        |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  |                                      |        | iled on or after the date of adjustme                           | nt.)                               |
|    | ■ No                                                                                |                                      |        |                                                                 |                                    |
|    | ☐ Yes. Did you acquire the property cove                                            | red by the exemption wi              | thin 1 | ,215 days before you filed this case                            | 9?                                 |
|    | □ No                                                                                |                                      |        |                                                                 |                                    |
|    | □ Yes                                                                               |                                      |        |                                                                 |                                    |

| Ca                                       | se 18-17204                 |                                                                                                  | Entered<br>age 17            | l 06/15/18 16:5                                         | 55:49 Desc N                                 | ⁄lain                    |
|------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------|----------------------------------------------|--------------------------|
| Fill in this inform                      | nation to identify you      |                                                                                                  | aue. 17                      | ()L.J.I                                                 |                                              |                          |
| Debtor 1                                 | Brian Michael P             | atterson                                                                                         |                              |                                                         |                                              |                          |
|                                          | First Name                  | Middle Name La                                                                                   | st Name                      |                                                         |                                              |                          |
| Debtor 2<br>(Spouse if, filing)          | First Name                  | Middle Name La                                                                                   | st Name                      |                                                         |                                              |                          |
|                                          |                             |                                                                                                  |                              |                                                         |                                              |                          |
| United States Bar                        | nkruptcy Court for the:     | NORTHERN DISTRICT OF ILLINC                                                                      | , io                         |                                                         |                                              |                          |
| Case number _                            |                             |                                                                                                  |                              |                                                         |                                              |                          |
| (if known)                               |                             | _                                                                                                | cif this is an<br>ded filing |                                                         |                                              |                          |
|                                          |                             |                                                                                                  |                              |                                                         | amend                                        | aed IIIIIg               |
| Official Form                            | n 106D                      |                                                                                                  |                              |                                                         |                                              |                          |
| Schedule                                 | D: Creditors                | Who Have Claims Se                                                                               | cured                        | by Property                                             | /                                            | 12/15                    |
|                                          |                             | If two married people are filing together, b                                                     |                              |                                                         |                                              |                          |
| number (if known).                       | Additional Page, fill it o  | out, number the entries, and attach it to th                                                     | is form. On                  | the top of any addition                                 | ai pages, write your na                      | me and case              |
| 1. Do any creditors                      | have claims secured by      | y your property?                                                                                 |                              |                                                         |                                              |                          |
| □ No. Check                              | this box and submit t       | his form to the court with your other sch                                                        | edules. You                  | u have nothing else to                                  | report on this form.                         |                          |
| Yes. Fill in                             | all of the information      | below.                                                                                           |                              |                                                         |                                              |                          |
| Part 1: List Al                          | I Secured Claims            |                                                                                                  |                              |                                                         |                                              |                          |
| 2. List all secured                      | claims. If a creditor has i | more than one secured claim, list the creditor                                                   | separately                   | Column A                                                | Column B                                     | Column C                 |
|                                          |                             | a particular claim, list the other creditors in F<br>cal order according to the creditor's name. | art 2. As                    | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Honda Fin                            | nancial Services            | Describe the property that secures the o                                                         | :laim:                       | \$0.00                                                  | \$1,600.00                                   | \$0.00                   |
| Creditor's Name                          | •                           | 2014 Honda CTX 700 motorcycle                                                                    |                              |                                                         |                                              |                          |
| PO Box 10<br>Atlanta, G                  |                             | As of the date you file, the claim is: Chec apply.                                               | k all that                   |                                                         |                                              |                          |
|                                          | City, State & Zip Code      | ☐ Contingent☐ Unliquidated                                                                       |                              |                                                         |                                              |                          |
|                                          | , ону, оны он др. сово      | ☐ Disputed                                                                                       |                              |                                                         |                                              |                          |
| Who owes the de                          | bt? Check one.              | Nature of lien. Check all that apply.                                                            |                              |                                                         |                                              |                          |
| Debtor 1 only                            |                             | ■ An agreement you made (such as mort                                                            | gage or secu                 | red                                                     |                                              |                          |
| Debtor 2 only                            |                             | car loan)                                                                                        |                              |                                                         |                                              |                          |
| Debtor 1 and De                          | •                           | Statutory lien (such as tax lien, mechan                                                         | ic's lien)                   |                                                         |                                              |                          |
|                                          | ne debtors and another      | ☐ Judgment lien from a lawsuit                                                                   |                              |                                                         |                                              |                          |
| Check if this cla                        |                             | ☐ Other (including a right to offset)                                                            |                              |                                                         |                                              |                          |
| Date debt was incu                       | urred                       | Last 4 digits of account number                                                                  | 3128                         |                                                         |                                              |                          |
|                                          |                             |                                                                                                  |                              |                                                         |                                              |                          |
|                                          |                             | olumn A on this page. Write that number I                                                        | here:                        | \$                                                      | 0.00                                         |                          |
| If this is the last<br>Write that number |                             | the dollar value totals from all pages.                                                          |                              | \$                                                      | 0.00                                         |                          |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                            |                                                                                                      |                                                                                    | Document                                                                                                        | Page 1                                                | 8 of 51                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |  |  |
|----------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|--|
| =111                       | in this inforr                                                                                       | mation to identify your                                                            | case:                                                                                                           |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
| Del                        | btor 1                                                                                               | Brian Michael Pa                                                                   | tterson                                                                                                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            | 0.01                                                                                                 | First Name                                                                         | Middle Name                                                                                                     | Last Name                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
| Del                        | btor 2                                                                                               |                                                                                    |                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
| (Spo                       | ouse if, filing)                                                                                     | First Name                                                                         | Middle Name                                                                                                     | Last Name                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
| Uni                        | ited States Ba                                                                                       | nkruptcy Court for the:                                                            | NORTHERN DISTRICT OF I                                                                                          | LLINOIS                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            |                                                                                                      | , ,                                                                                |                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            | se number _                                                                                          |                                                                                    |                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Observatorità della lista della                                                  |  |  |
| (II KI                     | iowii)                                                                                               |                                                                                    |                                                                                                                 |                                                       | Ц                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Check if this is an                                                              |  |  |
|                            |                                                                                                      |                                                                                    |                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | amended filing                                                                   |  |  |
| )ff                        | ficial Forn                                                                                          | n 106F/F                                                                           |                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            |                                                                                                      |                                                                                    | /ho Have Unsecured                                                                                              | d Claims                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12/15                                                                            |  |  |
| ny<br>Scho<br>Scho<br>eft. | executory cont<br>edule G: Execu<br>edule D: Credit<br>Attach the Cor                                | tracts or unexpired leases<br>story Contracts and Unexp<br>ors Who Have Claims Sec | that could result in a claim. Also<br>pired Leases (Official Form 106G).<br>cured by Property. If more space is | list executory of<br>Do not include<br>s needed, copy | Part 2 for creditors with NONPRIORITY clantracts on Schedule A/B: Property (Offi<br>any creditors with partially secured claim<br>the Part you need, fill it out, number the e<br>do not file that Part. On the top of any add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | cial Form 106A/B) and on<br>is that are listed in<br>intries in the boxes on the |  |  |
| Pai                        | t 1: List A                                                                                          | II of Your PRIORITY Ur                                                             | nsecured Claims                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
| 1.                         | Do any credito                                                                                       | ors have priority unsecure                                                         | ed claims against you?                                                                                          |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            | No. Go to F                                                                                          | Part 2.                                                                            |                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            | ☐ Yes.                                                                                               |                                                                                    |                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
| Pai                        | rt 2: List A                                                                                         | II of Your NONPRIORIT                                                              | TY Unsecured Claims                                                                                             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
| 3.                         | Do any credito                                                                                       | ors have nonpriority unse                                                          | cured claims against you?                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            | □ No. You ha                                                                                         | ve nothing to report in this n                                                     | part. Submit this form to the court wit                                                                         | h vour other sch                                      | adules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |  |  |
|                            | _                                                                                                    | vo notimig to roport in this p                                                     | art. Submit this form to the sourt wit                                                                          | ar your outer cond                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            | Yes.                                                                                                 |                                                                                    |                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
| 4.                         | unsecured clair                                                                                      | m, list the creditor separatel                                                     | y for each claim. For each claim liste                                                                          | ed, identify what t                                   | holds each claim. If a creditor has more the type of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the component of | ncluded in Part 1. If more                                                       |  |  |
|                            |                                                                                                      |                                                                                    |                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total claim                                                                      |  |  |
| 4.1                        | Amex                                                                                                 |                                                                                    | Last 4 digits of ac                                                                                             | count number                                          | 3943                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$3,965.00                                                                       |  |  |
|                            | Nonpriority Corresp Po Box                                                                           | y Creditor's Name<br>condence/Bankrupto<br>981540                                  |                                                                                                                 |                                                       | Opened 04/14 Last Active 5/29/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |  |  |
|                            |                                                                                                      | o, TX 79998<br>treet City State Zlp Code                                           | As of the date you                                                                                              | u file. the claim i                                   | s: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |  |  |
|                            |                                                                                                      | rred the debt? Check one.                                                          | <del>-</del>                                                                                                    | .,                                                    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |  |  |
|                            | ■ Debtor                                                                                             | 1 only                                                                             | ☐ Contingent                                                                                                    |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            | ☐ Debtor                                                                                             | •                                                                                  | ☐ Unliquidated                                                                                                  |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            |                                                                                                      | 1 and Debtor 2 only                                                                | ☐ Disputed                                                                                                      |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            |                                                                                                      | •                                                                                  | _ '                                                                                                             | RITY unsecure                                         | d claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |  |  |
|                            | ☐ At least one of the debtors and another  ☐ Check if this claim is for a community  ☐ Student loans |                                                                                    |                                                                                                                 |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  |  |
|                            | ⊔ Check<br>debt                                                                                      | it this claim is for a com                                                         | illullity                                                                                                       | sing out of a sens                                    | ration agreement or divorce that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |  |  |
|                            |                                                                                                      | im subject to offset?                                                              | report as priority cl                                                                                           |                                                       | agreement of arverse that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |  |  |
|                            | ■ No                                                                                                 |                                                                                    | ☐ Debts to pension                                                                                              | on or profit-sharin                                   | g plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |  |  |
|                            | ☐ Yes                                                                                                |                                                                                    | Other. Specify                                                                                                  | Credit Card                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |  |  |
|                            | <b>—</b> 163                                                                                         |                                                                                    | Other. Specify                                                                                                  | J. Juli Guil                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _                                                                                |  |  |

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Case number (if know) Debtor 1 Brian Michael Patterson 4.2 \$1,597.00 **Barclays Bank Delaware** Last 4 digits of account number 0225 Nonpriority Creditor's Name Attn: Correspondence Opened 02/16 Last Active Po Box 8801 When was the debt incurred? 04/18 Wilmington, DE 19899 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes **Capital One** 4.3 Last 4 digits of account number 1249 \$3,569.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 03/11 Last Active Po Box 30285 When was the debt incurred? 05/18 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 **Chase Card Services** 3822 \$5,115.00 Last 4 digits of account number Nonpriority Creditor's Name **Correspondence Dept** Opened 08/16 Last Active Po Box 15298 When was the debt incurred? 05/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Case number (if know) Debtor 1 Brian Michael Patterson 4.5 \$4,616.00 **Chase Card Services** Last 4 digits of account number 2906 Nonpriority Creditor's Name **Correspondence Dept** Opened 11/14 Last Active Po Box 15298 When was the debt incurred? 05/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes **Chase Card Services** 4.6 Last 4 digits of account number 3797 \$2,576.00 Nonpriority Creditor's Name **Correspondence Dept** Opened 06/14 Last Active Po Box 15298 When was the debt incurred? 05/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify **Chicago Orthopedic Sports** \$371.26 4.7 Medicine Last 4 digits of account number Nonpriority Creditor's Name 3000 N Halsted St #525 When was the debt incurred? Chicago, IL 60657 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify medical expense

☐ Yes

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Debtor 1 Brian Michael Patterson Case number (if know) 4.8 \$3,745.00 Citibank/Best Buy Last 4 digits of account number 2558 Nonpriority Creditor's Name Centralized Bankruptcy Opened 10/13 Last Active Po Box 790034 When was the debt incurred? 04/18 St Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes Citicards 4.9 Last 4 digits of account number 4126 \$8,995.00 Nonpriority Creditor's Name Citicorp Credit Services/Attn: Opened 11/14 Last Active Centraliz When was the debt incurred? 3/16/18 Po Box 790040 Saint Louis, MO 63179 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.1 **Presence Health** \$928.89 8777 0 Last 4 digits of account number Nonpriority Creditor's Name PO Box 74008843 When was the debt incurred? Chicago, IL 60674 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical expense ☐ Yes

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Case number (if know)

| Debto | Brian Michael Patterson                                                                 |                                                                     | Case number (if know)                          |                  |  |  |  |
|-------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|------------------|--|--|--|
| 4.1   | _                                                                                       |                                                                     |                                                | **               |  |  |  |
| 1     | Square.com                                                                              | Last 4 digits of account number                                     |                                                | \$1,212.00       |  |  |  |
|       | Nonpriority Creditor's Name<br>1455 Market Street, Suite 600<br>San Francisco, CA 94103 | When was the debt incurred?                                         |                                                |                  |  |  |  |
|       | Number Street City State Zlp Code                                                       | As of the date you file, the claim                                  | is: Check all that apply                       |                  |  |  |  |
|       | Who incurred the debt? Check one.                                                       | ,                                                                   |                                                |                  |  |  |  |
|       | ■ Debtor 1 only                                                                         | ☐ Contingent                                                        |                                                |                  |  |  |  |
|       | Debtor 2 only                                                                           | ☐ Unliquidated                                                      |                                                |                  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only                                                            | ☐ Disputed                                                          |                                                |                  |  |  |  |
|       | At least one of the debtors and another                                                 | Type of NONPRIORITY unsecure                                        | d claim:                                       |                  |  |  |  |
|       | _                                                                                       | ☐ Student loans                                                     | a Gam.                                         |                  |  |  |  |
|       | ☐ Check if this claim is for a community debt                                           | _                                                                   | systian agreement or division that you did not |                  |  |  |  |
|       | Is the claim subject to offset?                                                         | report as priority claims                                           | aration agreement or divorce that you did not  |                  |  |  |  |
|       | ■ No                                                                                    | ☐ Debts to pension or profit-sharing                                | ng plans, and other similar debts              |                  |  |  |  |
|       | Yes                                                                                     | Other. Specify Trade debt                                           |                                                |                  |  |  |  |
| 4.1   | Syncb/Ashley Homestore                                                                  | Land Barratan                                                       | 7838                                           | \$3,224.00       |  |  |  |
| 2     | Nonpriority Creditor's Name                                                             | Last 4 digits of account number                                     |                                                | <b>Ψ3,224.00</b> |  |  |  |
|       | Attn: Bankruptcy                                                                        |                                                                     | Opened 11/14 Last Active                       |                  |  |  |  |
|       | Po Box 965060                                                                           | When was the debt incurred?                                         | 05/18                                          |                  |  |  |  |
|       | Orlando, FL 32896                                                                       |                                                                     |                                                |                  |  |  |  |
|       | Number Street City State ZIp Code  Who incurred the debt? Check one.                    | As of the date you file, the claim                                  | is: Check all that apply                       |                  |  |  |  |
|       | _                                                                                       |                                                                     |                                                |                  |  |  |  |
|       | Debtor 1 only                                                                           | ☐ Contingent                                                        |                                                |                  |  |  |  |
|       | Debtor 2 only                                                                           | Unliquidated                                                        |                                                |                  |  |  |  |
|       | Debtor 1 and Debtor 2 only                                                              | ☐ Disputed                                                          |                                                |                  |  |  |  |
|       | At least one of the debtors and another                                                 | Type of NONPRIORITY unsecure                                        |                                                |                  |  |  |  |
|       | ☐ Check if this claim is for a community                                                | ☐ Student loans                                                     |                                                |                  |  |  |  |
|       | debt Is the claim subject to offset?                                                    | Obligations arising out of a separe report as priority claims       |                                                |                  |  |  |  |
|       |                                                                                         | Debts to pension or profit-sharir                                   | a plane, and other similar debte               |                  |  |  |  |
|       | ■ No                                                                                    |                                                                     |                                                |                  |  |  |  |
|       | Yes                                                                                     | Other. Specify Charge Acc                                           |                                                |                  |  |  |  |
| 4.1   | Synchrony Bank/Banana Republic                                                          | Last 4 digits of account number                                     | 0532                                           | \$3,780.00       |  |  |  |
|       | Nonpriority Creditor's Name                                                             |                                                                     |                                                |                  |  |  |  |
|       | Attn: Bankruptcy Dept                                                                   | When we the debt incomed?                                           | Opened 11/11 Last Active                       |                  |  |  |  |
|       | Po Box 965060<br>Orlando, FL 32896                                                      | When was the debt incurred?                                         | 04/18                                          |                  |  |  |  |
|       | Number Street City State Zlp Code                                                       | As of the date you file, the claim                                  | is: Check all that apply                       |                  |  |  |  |
|       | Who incurred the debt? Check one.                                                       |                                                                     |                                                |                  |  |  |  |
|       | Debtor 1 only                                                                           | ☐ Contingent                                                        |                                                |                  |  |  |  |
|       | Debtor 2 only                                                                           | ☐ Unliquidated                                                      |                                                |                  |  |  |  |
|       | Debtor 1 and Debtor 2 only                                                              | ☐ Disputed                                                          |                                                |                  |  |  |  |
|       | ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecure                                        |                                                |                  |  |  |  |
|       | ☐ Check if this claim is for a community                                                | ☐ Student loans                                                     |                                                |                  |  |  |  |
|       | debt                                                                                    | _                                                                   | aration agreement or divorce that you did not  |                  |  |  |  |
|       | Is the claim subject to offset?                                                         | report as priority claims                                           |                                                |                  |  |  |  |
|       | ■ No                                                                                    | ☐ Debts to pension or profit-sharing plans, and other similar debts |                                                |                  |  |  |  |
|       | ☐ Yes                                                                                   | ■ Other. Specify Charge Account                                     |                                                |                  |  |  |  |
|       |                                                                                         |                                                                     |                                                |                  |  |  |  |

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| Deptor i                   | Brian Wild                                   | naei Patterson                                    |                                                                                                                                                     | Case ni                     | umber (if know    |                              |                   |  |  |
|----------------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------|------------------------------|-------------------|--|--|
| <del></del>                | T MOBILE                                     |                                                   | Last 4 digits of account number                                                                                                                     | 9929                        |                   |                              | \$54.00           |  |  |
| I                          | Nonpriority Cred<br>PO BOX 742<br>CINCINATI, | 2596                                              | When was the debt incurred?                                                                                                                         | When was the debt incurred? |                   |                              |                   |  |  |
| Ī                          | Number Street                                | City State Zlp Code the debt? Check one.          | As of the date you file, the claim                                                                                                                  | is: Check                   | all that apply    |                              |                   |  |  |
|                            | ■ Debtor 1 onl                               |                                                   | ☐ Contingent                                                                                                                                        |                             |                   |                              |                   |  |  |
|                            | ☐ Debtor 2 onl                               | •                                                 | ☐ Unliquidated                                                                                                                                      |                             |                   |                              |                   |  |  |
|                            | Debtor 1 and                                 | •                                                 | ☐ Disputed                                                                                                                                          |                             |                   |                              |                   |  |  |
|                            |                                              | of the debtors and another                        | Type of NONPRIORITY unsecure                                                                                                                        | d claim:                    |                   |                              |                   |  |  |
|                            | _                                            | is claim is for a community                       | ☐ Student loans                                                                                                                                     |                             |                   |                              |                   |  |  |
| •                          | debt                                         | bject to offset?                                  | Obligations arising out of a sep report as priority claims                                                                                          | aration agr                 | reement or divo   | orce that you did not        |                   |  |  |
| 1                          | No                                           |                                                   | Debts to pension or profit-shari                                                                                                                    | ng plans, a                 | and other simila  | ar debts                     |                   |  |  |
| ļ                          | ☐ Yes                                        |                                                   | Other. Specify utility                                                                                                                              |                             |                   |                              |                   |  |  |
| 4.1                        | US Dept. of                                  | Education                                         | Last 4 digits of account number                                                                                                                     | 0218                        |                   |                              | \$57,186.88       |  |  |
| <u> </u>                   | Nonpriority Cred PO Box 560                  | ditor's Name<br><b>09</b>                         | When was the debt incurred?                                                                                                                         |                             |                   |                              |                   |  |  |
| Ī                          |                                              | TX 75403 City State Zlp Code the debt? Check one. | As of the date you file, the claim is: Check all that apply                                                                                         |                             |                   |                              |                   |  |  |
| 1                          | ■ Debtor 1 onl                               | lv                                                | ☐ Contingent                                                                                                                                        |                             |                   |                              |                   |  |  |
|                            | Debtor 2 onl                                 | •                                                 | ☐ Unliquidated                                                                                                                                      | ☐ Unliquidated              |                   |                              |                   |  |  |
| Debtor 1 and Debtor 2 only |                                              | •                                                 | ☐ Disputed                                                                                                                                          |                             |                   |                              |                   |  |  |
|                            | _                                            | of the debtors and another                        | Type of NONPRIORITY unsecured claim:                                                                                                                |                             |                   |                              |                   |  |  |
|                            |                                              | is claim is for a community                       | ■ Student loans                                                                                                                                     |                             |                   |                              |                   |  |  |
| •                          | debt                                         | bject to offset?                                  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                           |                             |                   |                              |                   |  |  |
|                            | No                                           |                                                   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                                                         |                             |                   |                              |                   |  |  |
| 1                          | ☐ Yes                                        |                                                   | Other. Specify                                                                                                                                      |                             |                   |                              |                   |  |  |
|                            |                                              |                                                   | student loa                                                                                                                                         |                             |                   |                              |                   |  |  |
| Part 3:                    | List Others                                  | s to Be Notified About a Deb                      | t That You Already Listed                                                                                                                           |                             |                   |                              |                   |  |  |
| is trying<br>have m        | g to collect fro                             | m you for a debt you owe to sor                   | oout your bankruptcy, for a debt that<br>neone else, list the original creditor in<br>you listed in Parts 1 or 2, list the add<br>submit this page. | n Parts 1 o                 | or 2, then list t | the collection agency here.  | Similarly, if you |  |  |
| Name and                   | d Address                                    | (                                                 | On which entry in Part 1 or Part 2 did you                                                                                                          | ı list the or               | riginal creditor? | <b>?</b>                     |                   |  |  |
|                            | ants' Credit                                 |                                                   | ine 4.7 of (Check one):                                                                                                                             | Part 1: C                   | Creditors with P  | Priority Unsecured Claims    |                   |  |  |
|                            | Jackson Bl<br>o, IL 60606                    |                                                   |                                                                                                                                                     | Part 2: C                   | Creditors with N  | Nonpriority Unsecured Claims |                   |  |  |
| Cilicay                    | jo, iL 00000                                 |                                                   | ast 4 digits of account number                                                                                                                      | 09                          | 99                |                              |                   |  |  |
| Part 4:                    | Add the A                                    | mounts for Each Type of Un                        | secured Claim                                                                                                                                       |                             |                   |                              |                   |  |  |
| 6. Total th                |                                              | certain types of unsecured clair                  | ns. This information is for statistical                                                                                                             | reporting                   | purposes only     | y. 28 U.S.C. §159. Add the a | mounts for each   |  |  |
|                            |                                              |                                                   |                                                                                                                                                     |                             | To                | otal Claim                   |                   |  |  |
| _                          | 6a.                                          | Domestic support obligations                      |                                                                                                                                                     | 6a.                         | \$                | 0.00                         |                   |  |  |
|                            | otal<br>ims                                  |                                                   |                                                                                                                                                     |                             |                   |                              |                   |  |  |
| from Pa                    | ort 1 6b.                                    | Taxes and certain other debts                     | =                                                                                                                                                   | 6b.                         | \$                | 0.00                         |                   |  |  |
|                            | 6c.                                          | · ·                                               | njury while you were intoxicated                                                                                                                    | 6c.                         | \$                | 0.00                         |                   |  |  |
|                            | 6d.                                          | Otner. Add all other priority unse                | ecured claims. Write that amount here.                                                                                                              | 6d.                         | \$                | 0.00                         |                   |  |  |
|                            | 6e.                                          | Total Priority. Add lines 6a thro                 | ugh 6d.                                                                                                                                             | 6e.                         | \$                | 0.00                         |                   |  |  |

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Debtor 1 Brian Michael Patterson

|                       | 6f. | Student loans                                                                                           | 6f. | Total Claim      |
|-----------------------|-----|---------------------------------------------------------------------------------------------------------|-----|------------------|
| Total                 | О1. | Student loans                                                                                           | OI. | \$<br>57,186.88  |
| claims<br>from Part 2 | 6~  | Obligations origing out of a conception agreement or diverse that                                       |     |                  |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>43,748.15  |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. | \$<br>100,935.03 |

|                                         |                                                 | 1706111116        | III FAUE / 3 UL 3 L |                 |  |  |  |
|-----------------------------------------|-------------------------------------------------|-------------------|---------------------|-----------------|--|--|--|
| Fill in this infor                      | Fill in this information to identify your case: |                   |                     |                 |  |  |  |
| Debtor 1                                | Brian Michael Pa                                | tterson           |                     |                 |  |  |  |
|                                         | First Name                                      | Middle Name       | Last Name           |                 |  |  |  |
| Debtor 2                                |                                                 |                   |                     |                 |  |  |  |
| (Spouse if, filing)                     | First Name                                      | Middle Name       | Last Name           |                 |  |  |  |
| United States Bankruptcy Court for the: |                                                 | NORTHERN DISTRICT | OF ILLINOIS         |                 |  |  |  |
| Case number                             |                                                 |                   |                     |                 |  |  |  |
| (if known)                              |                                                 |                   |                     | ☐ Check if this |  |  |  |
|                                         |                                                 |                   |                     | amended filin   |  |  |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|-------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 |           |             |                                                       |                   |                                         |
|     | Name      |             |                                                       |                   | _                                       |
|     | Number    | Street      |                                                       |                   |                                         |
|     | City      |             | State                                                 | ZIP Code          | _                                       |
| 2.2 |           |             |                                                       |                   |                                         |
|     | Name      |             |                                                       |                   | _                                       |
|     | Number    | Street      |                                                       |                   | _                                       |
|     | City      |             | State                                                 | ZIP Code          |                                         |
| 2.3 |           |             |                                                       |                   |                                         |
|     | Name      |             |                                                       |                   | _                                       |
|     | Number    | Street      |                                                       |                   |                                         |
|     | City      |             | State                                                 | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |             |                                                       |                   |                                         |
|     | Name      |             |                                                       |                   |                                         |
|     | Number    | Street      |                                                       |                   | <del>-</del>                            |
|     | City      |             | State                                                 | ZIP Code          |                                         |
| 2.5 |           |             | ·                                                     |                   |                                         |
|     | Name      |             |                                                       |                   | _                                       |
|     | Number    | Street      |                                                       |                   |                                         |
|     | City      |             | State                                                 | ZIP Code          | <del>_</del>                            |
|     | ,         |             | <b>0.</b>                                             |                   |                                         |

|                                  |                                                                                                                                          | Docume                                                       | ent Page 26 d                                      | of 51                                              |                                                                                                                                                          |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fill in this                     | information to identify your                                                                                                             | case:                                                        |                                                    |                                                    |                                                                                                                                                          |
| Debtor 1                         | Brian Michael Pa                                                                                                                         | ttorson                                                      |                                                    |                                                    |                                                                                                                                                          |
| DCDIOI 1                         | First Name                                                                                                                               | Middle Name                                                  | Last Name                                          |                                                    |                                                                                                                                                          |
| Debtor 2                         |                                                                                                                                          |                                                              |                                                    |                                                    |                                                                                                                                                          |
| (Spouse if, filir                | ng) First Name                                                                                                                           | Middle Name                                                  | Last Name                                          |                                                    |                                                                                                                                                          |
| United Sta                       | ites Bankruptcy Court for the:                                                                                                           | NORTHERN DISTRICT                                            | OF ILLINOIS                                        |                                                    |                                                                                                                                                          |
|                                  |                                                                                                                                          |                                                              |                                                    |                                                    |                                                                                                                                                          |
| Case numl<br>(if known)          | ber                                                                                                                                      |                                                              |                                                    |                                                    | ☐ Check if this is an                                                                                                                                    |
| (                                |                                                                                                                                          |                                                              |                                                    |                                                    | amended filing                                                                                                                                           |
|                                  |                                                                                                                                          |                                                              |                                                    |                                                    | amenada iling                                                                                                                                            |
| Officia                          | l Form 106H                                                                                                                              |                                                              |                                                    |                                                    |                                                                                                                                                          |
|                                  |                                                                                                                                          | obtoro                                                       |                                                    |                                                    | 4044                                                                                                                                                     |
| schea                            | lule H: Your Cod                                                                                                                         | eptors                                                       |                                                    |                                                    | 12/15                                                                                                                                                    |
| ■ No □ Yes  2. Witl Arizon ■ No. | you have any codebtors? (If  hin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. s. Did your spouse, former spo | ı <b>lived in a community pr</b><br>, Nevada, New Mexico, Pu | operty state or territor<br>erto Rico, Texas, Wash | ry? (Community property                            | v states and territories include                                                                                                                         |
| in line<br>Form<br>out Co        | e 2 again as a codebtor only i                                                                                                           | if that person is a guaran<br>I Form 106E/F), or Sched       | tor or cosigner. Make                              | sure you have listed th<br>06G). Use Schedule D, 9 | g with you. List the person shown the creditor on Schedule D (Official Schedule E/F, or Schedule G to fill ditor to whom you owe the debt as that apply: |
|                                  | •                                                                                                                                        |                                                              |                                                    | Ondok ali donodalo                                 | o that apply.                                                                                                                                            |
| 3.1                              |                                                                                                                                          |                                                              |                                                    | Schedule D, line                                   | e                                                                                                                                                        |
|                                  | Name                                                                                                                                     |                                                              |                                                    | ☐ Schedule E/F, li                                 | ne                                                                                                                                                       |
|                                  |                                                                                                                                          |                                                              |                                                    | ☐ Schedule G, line                                 | e                                                                                                                                                        |
| _                                | Number Street                                                                                                                            |                                                              |                                                    | <u> </u>                                           |                                                                                                                                                          |
|                                  | City                                                                                                                                     | State                                                        | ZIP Code                                           |                                                    |                                                                                                                                                          |
|                                  |                                                                                                                                          |                                                              |                                                    | _                                                  |                                                                                                                                                          |
| 3.2                              | Nama                                                                                                                                     |                                                              |                                                    | Schedule D, line                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                    |
|                                  | Name                                                                                                                                     |                                                              |                                                    | ☐ Schedule E/F, li                                 |                                                                                                                                                          |
|                                  |                                                                                                                                          |                                                              |                                                    | ☐ Schedule G, line                                 | e                                                                                                                                                        |
| _                                | Number Street                                                                                                                            |                                                              |                                                    |                                                    |                                                                                                                                                          |
|                                  | City                                                                                                                                     | State                                                        | ZIP Code                                           |                                                    |                                                                                                                                                          |

Schedule H: Your Codebtors

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| Sill                | in this information to                                   | a identify your or | 200                                                                                 |                                            |                |      | Ī         |             |                  |           |                       |         |          |
|---------------------|----------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------|--------------------------------------------|----------------|------|-----------|-------------|------------------|-----------|-----------------------|---------|----------|
|                     | otor 1                                                   | Brian Micha        |                                                                                     |                                            |                |      |           |             |                  |           |                       |         |          |
|                     | otor 2<br>ouse, if filing)                               |                    |                                                                                     |                                            |                | _    |           |             |                  |           |                       |         |          |
| Uni                 | ted States Bankrupt                                      | tcy Court for the  | : NORTHERN DISTRIC                                                                  | T OF ILLINOIS                              |                | _    |           |             |                  |           |                       |         |          |
|                     | se number<br>nown)                                       |                    |                                                                                     |                                            |                |      |           |             | ed fili<br>ent s | showing   | g postpeti            |         | hapter   |
| 0                   | fficial Form                                             | 1061               |                                                                                     |                                            |                |      | _         |             |                  | _         | ollowing da           | ate:    |          |
|                     | chedule I: `                                             |                    | ome                                                                                 |                                            |                |      | N         | /IM / DD/ Y | YYYY             | 1         |                       |         | 12/15    |
| spo<br>atta         | use. If you are sep<br>ch a separate shee                | arated and you     | are married and not filir<br>r spouse is not filing wi<br>On the top of any additio | th you, do not inc                         | lude inforn    | nati | on abou   | t your sp   | ouse             | e. If mo  | ore space             | is ne   | eded,    |
| 1.                  | Fill in your emplo                                       | oyment             |                                                                                     | Debtor 1                                   |                |      |           | Debtor 2    | 2 or             | non-fi    | ling spou             | se      |          |
|                     | If you have more t                                       |                    | Employment status*                                                                  | ■ Employed                                 |                |      |           | ☐ Empl      | oyec             | t         |                       |         |          |
|                     | attach a separate page with information about additional | Employment status  | ☐ Not employed                                                                      |                                            |                |      | ☐ Not e   | emplo       | oyed             |           |                       |         |          |
|                     | employers.                                               |                    | Occupation                                                                          | account representative                     |                |      |           |             |                  |           |                       |         |          |
|                     | Include part-time,<br>self-employed wo                   |                    | Employer's name                                                                     | Yelp, Inc.                                 |                |      |           |             |                  |           |                       |         |          |
|                     | Occupation may in or homemaker, if it                    |                    | Employer's address                                                                  | 222 Merchand<br>Ste. 470<br>Chicago, IL 60 |                | Plaz | za,       |             |                  |           |                       |         |          |
| Par                 | rt 2: Give Det                                           | ails About Mor     | How long employed th                                                                |                                            | s<br>ttachment | for  | Additio   | nal Emplo   | oyme             | ent Info  | ormation              |         |          |
| <b>Esti</b><br>spou | mate monthly inco                                        | ome as of the da   | ate you file this form. If your than one employer, co                               | ŭ                                          | •              | Í    | •         | •           | •                |           | ,                     |         | J        |
|                     | e space, attach a se                                     |                    |                                                                                     | mome the informat                          | ion for all e  | пр   | oyers for | triat perso | JII ()I          | i uie iii | nes below             | . II yo | id fieed |
|                     |                                                          |                    |                                                                                     |                                            |                |      | For De    | btor 1      |                  |           | btor 2 or<br>ng spous | е       |          |
| 2.                  |                                                          |                    | ry, and commissions (be<br>calculate what the monthly                               |                                            | 2.             | \$   | 4         | ,723.86     | \$               |           | N                     | /A      |          |
| 3.                  | Estimate and list                                        | monthly overti     | me pay.                                                                             |                                            | 3.             | +\$  |           | 0.00        | +5               | \$        | N.                    | /A_     |          |
| 4.                  | Calculate gross I                                        | Income. Add lin    | ne 2 + line 3.                                                                      |                                            | 4.             | \$   | 4,7       | 23.86       |                  | \$        | N/A                   | _       |          |

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| Deb | tor 1                       | Brian Michael Patterson                                                                                                                                                                                                                                                         | -    | (   | Case     | number (if know | n)  |       |               |                   |                 |
|-----|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----------|-----------------|-----|-------|---------------|-------------------|-----------------|
|     |                             |                                                                                                                                                                                                                                                                                 |      |     | For      | Debtor 1        |     | For D |               | 2 or<br>spouse    |                 |
|     | Cop                         | by line 4 here                                                                                                                                                                                                                                                                  | 4.   |     | \$_      | 4,723.8         | 6   | \$    |               | N/A               |                 |
| 5.  | List                        | all payroll deductions:                                                                                                                                                                                                                                                         |      |     |          |                 |     |       |               |                   |                 |
|     | 5a.                         | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                   | 58   | а.  | \$       | 1,021.3         | 2   | \$    |               | N/A               |                 |
|     | 5b.                         | Mandatory contributions for retirement plans                                                                                                                                                                                                                                    | 5k   |     | \$       | 103.3           |     | \$    |               | N/A               |                 |
|     | 5c.                         | Voluntary contributions for retirement plans                                                                                                                                                                                                                                    | 50   | c.  | \$       | 0.0             | _   | \$    |               | N/A               | =               |
|     | 5d.                         | Required repayments of retirement fund loans                                                                                                                                                                                                                                    | 50   | d.  | \$       | 0.0             | 0   | \$    |               | N/A               | •               |
|     | 5e.                         | Insurance                                                                                                                                                                                                                                                                       | 56   | е.  | \$_      | 0.0             | 0   | \$    |               | N/A               | •               |
|     | 5f.                         | Domestic support obligations                                                                                                                                                                                                                                                    | 5f   |     | \$_      | 0.0             |     | \$    |               | N/A               |                 |
|     | 5g.                         | Union dues                                                                                                                                                                                                                                                                      | 50   |     | \$_      | 0.0             |     | \$    |               | N/A               |                 |
|     | 5h.                         | Other deductions. Specify: ESPP                                                                                                                                                                                                                                                 | _ 5r | h.+ | \$_      | 67.1            | 8   | + \$  |               | N/A               | -               |
| 6.  | Add                         | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                      | 6.   |     | \$_      | 1,191.8         |     | \$    |               | N/A               |                 |
| 7.  | Cal                         | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                | 7.   |     | \$_      | 3,532.0         | 2   | \$    |               | N/A               | -               |
| 8.  | List<br>8a.                 | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88   | a   | \$       | 0.0             | n   | \$    |               | N/A               |                 |
|     | 8b.                         | Interest and dividends                                                                                                                                                                                                                                                          | 8k   |     | \$<br>-  | 0.0             |     | \$    |               | N/A               | -               |
|     | 8c.                         | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                              | 80   | C.  | \$       | 0.0             |     | \$    |               | N/A               |                 |
|     | 8d.                         | Unemployment compensation                                                                                                                                                                                                                                                       | 80   | d.  | \$       | 0.0             | 0   | \$    |               | N/A               |                 |
|     | 8e.                         | Social Security                                                                                                                                                                                                                                                                 | 86   | е.  | \$_      | 0.0             | 0   | \$    |               | N/A               |                 |
|     | 8f.                         | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f   |     | \$_      | 0.0             |     | \$    |               | N/A               |                 |
|     | 8g.                         | Pension or retirement income                                                                                                                                                                                                                                                    | 80   | -   | \$_      | 0.0             |     | \$    |               | N/A               |                 |
|     | 8h.                         | Other monthly income. Specify:                                                                                                                                                                                                                                                  | _ 8r | h.+ | \$_      | 0.0             | 0   | + \$  |               | N/A               | -               |
| 9.  | Add                         | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                          | 9.   |     | <b>.</b> | 0.0             | 0   | \$    |               | N/A               | <b>\</b>        |
| 10  | Cal                         | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                     | 10.  | \$  |          | 3,532.02 +      | \$  |       | N/A           | = \$              | 3,532.02        |
|     |                             | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                        |      | _   |          | 0,002.02        | Ť – |       | IVA           |                   | 0,002.02        |
| 11. | Star<br>Incli<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:       | dep  |     |          |                 |     | ,     | hedule<br>11. |                   | 0.00            |
| 12. |                             | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies                                                                                                                |      |     |          |                 |     |       | 12.           | \$                | 3,532.02        |
| 13. | Do :                        | you expect an increase or decrease within the year after you file this form<br>No.                                                                                                                                                                                              | ?    |     |          |                 |     |       |               | Combir<br>monthly | ned<br>y income |
|     |                             | Vee Fundain                                                                                                                                                                                                                                                                     |      |     |          |                 |     |       |               |                   |                 |

Official Form 106I Schedule I: Your Income page 2

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| Debiti i Bilali Michael Pattersoni Case number (ii known) | Debtor 1 | Brian Michael Patterson | Case number (if known) |  |
|-----------------------------------------------------------|----------|-------------------------|------------------------|--|
|-----------------------------------------------------------|----------|-------------------------|------------------------|--|

## Official Form B 6l Attachment for Additional Employment Information

| Debtor              |                            |  |
|---------------------|----------------------------|--|
| Occupation          | hair stylist               |  |
| Name of Employer    | Robert Jeffrey Hair Studio |  |
| How long employed   | 8 mos                      |  |
| Address of Employer | 5142 N Clark St.           |  |
|                     | Chicago, IL 60640          |  |

Official Form 106I Schedule I: Your Income page 3

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| Fill       | in this information to identify your case:                                                                                                                                                      |                                                |        |                                                                 |                               |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------|-----------------------------------------------------------------|-------------------------------|
| Deb        | otor 1 Brian Michael Patterson                                                                                                                                                                  |                                                | Che    | ck if this is:                                                  |                               |
|            | otor 2                                                                                                                                                                                          |                                                |        | An amended filing<br>A supplement show<br>13 expenses as of the | ving postpetition chapter     |
| ``         | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS                                                                                                                              |                                                | -      | MM / DD / YYYY                                                  |                               |
|            | se number                                                                                                                                                                                       |                                                |        | W.W. 7 22 7 7 7 7 7 7                                           |                               |
|            | known)                                                                                                                                                                                          |                                                |        |                                                                 |                               |
| Of         | fficial Form 106J                                                                                                                                                                               |                                                |        |                                                                 |                               |
|            | chedule J: Your Expenses                                                                                                                                                                        |                                                |        |                                                                 | 12/15                         |
| info       | as complete and accurate as possible. If two married people are fil<br>ormation. If more space is needed, attach another sheet to this forn<br>mber (if known). Answer every question.          |                                                |        |                                                                 |                               |
| Par<br>1.  | rt 1: Describe Your Household Is this a joint case?                                                                                                                                             |                                                |        |                                                                 |                               |
|            | ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?                                                                                                                          |                                                |        |                                                                 |                               |
|            | □ No                                                                                                                                                                                            |                                                |        |                                                                 |                               |
|            | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for                                                                                                                                    | Separate Household                             | of Deb | tor 2.                                                          |                               |
| 2.         | Do you have dependents? ■ No                                                                                                                                                                    |                                                |        |                                                                 |                               |
|            |                                                                                                                                                                                                 | Dependent's relationsh<br>Debtor 1 or Debtor 2 | hip to | Dependent's age                                                 | Does dependent live with you? |
|            | Do not state the dependents names.                                                                                                                                                              |                                                |        |                                                                 | □ No                          |
|            | dependents names.                                                                                                                                                                               |                                                |        |                                                                 | ☐ Yes<br>☐ No                 |
|            | <del>-</del>                                                                                                                                                                                    |                                                |        | _                                                               | Yes                           |
|            |                                                                                                                                                                                                 |                                                |        |                                                                 | □ No<br>□ Yes                 |
|            | _                                                                                                                                                                                               |                                                |        |                                                                 | □ No                          |
| _          |                                                                                                                                                                                                 |                                                |        |                                                                 | ☐ Yes                         |
| 3.         | Do your expenses include expenses of people other than yourself and your dependents?                                                                                                            |                                                |        |                                                                 |                               |
| Est<br>exp | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you apenses as of a date after the bankruptcy is filed. If this is a supplemplicable date. |                                                |        |                                                                 |                               |
| the        | clude expenses paid for with non-cash government assistance if you value of such assistance and have included it on Schedule I: Your ficial Form 106I.)                                         |                                                |        | Your expe                                                       | enses                         |
| 4.         | The rental or home ownership expenses for your residence. Incluip payments and any rent for the ground or lot.                                                                                  | de first mortgage                              | 4. \$  | S                                                               | 1,400.00                      |
|            | If not included in line 4:                                                                                                                                                                      |                                                |        |                                                                 |                               |
|            | 4a. Real estate taxes                                                                                                                                                                           |                                                | 4a. §  | S                                                               | 0.00                          |
|            | 4b. Property, homeowner's, or renter's insurance                                                                                                                                                |                                                | 4b. S  | S                                                               | 0.00                          |
|            | Home maintenance, repair, and upkeep expenses     Homeowner's association or condominium dues                                                                                                   |                                                | 4c. 9  |                                                                 | 0.00                          |
| 5.         | Additional mortgage payments for your residence, such as home                                                                                                                                   | equity loans                                   | 5. S   |                                                                 | 0.00                          |

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| Debtor 1        | Brian Michael Patterson                                                                                                                                                                                           | Case num    | ber (if known) |                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-----------------------------|
| . Utilit        | ies:                                                                                                                                                                                                              |             |                |                             |
| 6a.             | Electricity, heat, natural gas                                                                                                                                                                                    | 6a.         | \$             | 0.00                        |
| 6b.             | Water, sewer, garbage collection                                                                                                                                                                                  | 6b.         | \$             | 0.00                        |
| 6c.             | Telephone, cell phone, Internet, satellite, and cable services                                                                                                                                                    | 6c.         | \$             | 140.00                      |
| 6d.             | Other. Specify:                                                                                                                                                                                                   | 6d.         | \$             | 0.00                        |
| Food            | d and housekeeping supplies                                                                                                                                                                                       |             |                | 450.00                      |
|                 | dcare and children's education costs                                                                                                                                                                              | 8.          | \$             | 0.00                        |
| Clot            | hing, laundry, and dry cleaning                                                                                                                                                                                   | 9.          | \$             | 30.00                       |
|                 | onal care products and services                                                                                                                                                                                   | 10.         | \$             | 40.00                       |
|                 | ical and dental expenses                                                                                                                                                                                          | 11.         | ·              | 100.00                      |
|                 | sportation. Include gas, maintenance, bus or train fare.                                                                                                                                                          |             | •              |                             |
|                 | ot include car payments.                                                                                                                                                                                          | 12.         | \$             | 150.00                      |
|                 | rtainment, clubs, recreation, newspapers, magazines, and books                                                                                                                                                    | 13.         | \$             | 100.00                      |
| . Cha           | ritable contributions and religious donations                                                                                                                                                                     | 14.         | \$             | 0.00                        |
| . Insu          | rance.                                                                                                                                                                                                            |             |                |                             |
| Do n            | ot include insurance deducted from your pay or included in lines 4 or 20.                                                                                                                                         |             |                |                             |
| 15a.            | Life insurance                                                                                                                                                                                                    | 15a.        | \$             | 0.00                        |
| 15b.            | Health insurance                                                                                                                                                                                                  | 15b.        | \$             | 0.00                        |
| 15c.            | Vehicle insurance                                                                                                                                                                                                 | 15c.        | \$             | 46.00                       |
|                 | Other insurance. Specify:                                                                                                                                                                                         | 15d.        | \$             | 0.00                        |
| . Taxe          | es. Do not include taxes deducted from your pay or included in lines 4 or 20.                                                                                                                                     |             |                |                             |
| Spec            |                                                                                                                                                                                                                   | 16.         | \$             | 0.00                        |
| 7. Insta        | illment or lease payments:                                                                                                                                                                                        |             |                |                             |
| 17a.            | Car payments for Vehicle 1                                                                                                                                                                                        | 17a.        | \$             | 130.17                      |
| 17b.            | Car payments for Vehicle 2                                                                                                                                                                                        | 17b.        | \$             | 0.00                        |
| 17c.            | Other. Specify: student loans                                                                                                                                                                                     | 17c.        | \$             | 345.95                      |
|                 | Other. Specify:                                                                                                                                                                                                   | 17d.        | \$             | 0.00                        |
|                 | payments of alimony, maintenance, and support that you did not report as                                                                                                                                          |             | · —            | <del></del>                 |
|                 | acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                                                                                                                      |             | \$             | 0.00                        |
|                 | r payments you make to support others who do not live with you.                                                                                                                                                   |             | \$             | 0.00                        |
| Spec            | rify:                                                                                                                                                                                                             | 19.         |                |                             |
| ). <b>Oth</b> e | er real property expenses not included in lines 4 or 5 of this form or on School                                                                                                                                  | edule I: Yo | our Income.    |                             |
| 20a.            | Mortgages on other property                                                                                                                                                                                       | 20a.        | \$             | 0.00                        |
| 20b.            | Real estate taxes                                                                                                                                                                                                 | 20b.        | \$             | 0.00                        |
| 20c.            | Property, homeowner's, or renter's insurance                                                                                                                                                                      | 20c.        | \$             | 0.00                        |
| 20d.            | Maintenance, repair, and upkeep expenses                                                                                                                                                                          | 20d.        | \$             | 0.00                        |
| 20e.            | Homeowner's association or condominium dues                                                                                                                                                                       | 20e.        | \$             | 0.00                        |
| Othe            | r: Specify:                                                                                                                                                                                                       | 21.         | ·              | 0.00                        |
| •               |                                                                                                                                                                                                                   |             |                | 0.00                        |
|                 | ulate your monthly expenses                                                                                                                                                                                       |             |                |                             |
|                 | Add lines 4 through 21.                                                                                                                                                                                           |             | \$             | 2,932.12                    |
| 22b.            | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                                                                   |             | \$             |                             |
| 22c.            | Add line 22a and 22b. The result is your monthly expenses.                                                                                                                                                        |             | \$             | 2,932.12                    |
|                 | , , ,                                                                                                                                                                                                             |             | · —            | _,                          |
|                 | ulate your monthly net income.                                                                                                                                                                                    |             |                |                             |
|                 | Copy line 12 (your combined monthly income) from Schedule I.                                                                                                                                                      | 23a.        | ·              | 3,532.02                    |
| 23b.            | Copy your monthly expenses from line 22c above.                                                                                                                                                                   | 23b.        | -\$            | 2,932.12                    |
|                 |                                                                                                                                                                                                                   |             |                |                             |
| 23c.            | Subtract your monthly expenses from your monthly income.                                                                                                                                                          | 225         | œ.             | 599.90                      |
|                 | The result is your <i>monthly net income</i> .                                                                                                                                                                    | 23c.        | \$             | 333.30                      |
| For e<br>modif  | ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect you ication to the terms of your mortgage? |             |                | se or decrease because of a |
|                 |                                                                                                                                                                                                                   |             |                |                             |
| ■ Y             | es. Explain here: <b>On disability leave</b>                                                                                                                                                                      |             |                |                             |

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| Fill in this infor                | mation to identify your                          |                            |                         |                           |                                                                              |
|-----------------------------------|--------------------------------------------------|----------------------------|-------------------------|---------------------------|------------------------------------------------------------------------------|
|                                   |                                                  |                            |                         |                           |                                                                              |
| Debtor 1                          | Brian Michael Pa                                 | Middle Name                | Last Name               |                           |                                                                              |
| Debtor 2<br>(Spouse if, filing)   | First Name                                       | Middle Name                | Last Name               |                           |                                                                              |
| United States Ba                  | inkruptcy Court for the:                         | NORTHERN DISTRIC           | T OF ILLINOIS           |                           |                                                                              |
| Case number _ (if known)          |                                                  |                            |                         |                           | ☐ Check if this is an amended filing                                         |
| Official Forn                     | n 106Dec                                         |                            |                         |                           |                                                                              |
| <b>Declarat</b>                   | ion About a                                      | an Individua               | l Debtor's S            | Schedules                 | 12/15                                                                        |
| obtaining money years, or both. 1 |                                                  | in connection with a bar   |                         |                           | tement, concealing property, or<br>100, or imprisonment for up to 20         |
| Did you pa                        | y or agree to pay som                            | eone who is NOT an atto    | rney to help you fill o | ut bankruptcy forms?      |                                                                              |
| ■ No                              |                                                  |                            |                         |                           |                                                                              |
| ☐ Yes. N                          | Name of person                                   |                            |                         |                           | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|                                   | Ity of perjury, I declare<br>e true and correct. | e that I have read the sur | nmary and schedules     | filed with this declarati | ion and                                                                      |
| X /s/ Bria                        | an Michael Patterso                              | n                          | x                       |                           |                                                                              |
|                                   | Michael Patterson re of Debtor 1                 |                            | Signature               | e of Debtor 2             |                                                                              |

Date \_\_\_\_\_

Date June 15, 2018

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| -         | ll in this inform       | action to identify you     | r 00001                                                                               |                                                       |                                                               |                                                       |
|-----------|-------------------------|----------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|
|           |                         | nation to identify you     |                                                                                       |                                                       |                                                               |                                                       |
| De        | ebtor 1                 | Brian Michael P First Name | Middle Name                                                                           | Last Name                                             |                                                               |                                                       |
|           | ebtor 2                 |                            |                                                                                       |                                                       |                                                               |                                                       |
| (Sp       | oouse if, filing)       | First Name                 | Middle Name                                                                           | Last Name                                             |                                                               |                                                       |
| Ur        | nited States Bar        | nkruptcy Court for the:    | NORTHERN DISTRICT                                                                     | OF ILLINOIS                                           |                                                               |                                                       |
| 1         | ase number<br>known)    |                            |                                                                                       |                                                       | _                                                             | Check if this is an amended filing                    |
| St        |                         | of Financial               | Affairs for Indivi                                                                    |                                                       |                                                               | 4/10                                                  |
| inf       | ormation. If m          |                            | , attach a separate sheet to                                                          |                                                       | equally responsible for su<br>y additional pages, write yo    |                                                       |
| Pa        | art 1: Give D           | etails About Your Ma       | arital Status and Where You                                                           | u Lived Before                                        |                                                               |                                                       |
| 1.        | What is your            | current marital state      | us?                                                                                   |                                                       |                                                               |                                                       |
|           | ☐ Married               |                            |                                                                                       |                                                       |                                                               |                                                       |
|           | ■ Not mar               | ried                       |                                                                                       |                                                       |                                                               |                                                       |
| 2.        | During the la           | ast 3 years, have you      | lived anywhere other than                                                             | where you live now?                                   |                                                               |                                                       |
|           | □ No                    |                            | •                                                                                     | •                                                     |                                                               |                                                       |
|           |                         | t all of the places you    | lived in the last 3 years. Do n                                                       | ot include where you live now                         | W.                                                            |                                                       |
|           |                         | , ,                        | ·                                                                                     | •                                                     |                                                               |                                                       |
|           | Debtor 1 Pr             | ior Address:               | Dates Debtor 1 lived there                                                            | Debtor 2 Prior A                                      | ddress:                                                       | Dates Debtor 2<br>lived there                         |
|           | 1467 W Be<br>Chicago, I | rwyn Bsmt<br>L 60640       | From-To:<br><b>3/17-1/18</b>                                                          | ☐ Same as Debtor                                      | 1                                                             | ☐ Same as Debtor 1<br>From-To:                        |
|           | 5311 N Pa<br>Chicago, I |                            | From-To:<br><b>3/14-3/17</b>                                                          | ☐ Same as Debtor                                      | 1                                                             | ☐ Same as Debtor 1<br>From-To:                        |
| 3.<br>sta | tes and territori       | es include Arizona, Ca     |                                                                                       | evada, New Mexico, Puerto R                           | nity property state or territo<br>lico, Texas, Washington and |                                                       |
| D-        | ort 2 - E-ml-1          | n the Courses of Vo-       | ır İncomo                                                                             |                                                       |                                                               |                                                       |
| Γĕ        | ert 2 Explai            | n the Sources of You       | ir income                                                                             |                                                       |                                                               |                                                       |
| 4.        | Fill in the tota        | I amount of income yo      | mployment or from operation received from all jobs and a have income that you receive | all businesses, including part                        |                                                               | endar years?                                          |
|           | □ No                    |                            |                                                                                       |                                                       |                                                               |                                                       |
|           | Yes. Fill               | in the details.            |                                                                                       |                                                       |                                                               |                                                       |
|           |                         |                            | Debtor 1                                                                              |                                                       | Debtor 2                                                      |                                                       |
|           |                         |                            | Sources of income<br>Check all that apply.                                            | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                    | Gross income<br>(before deductions<br>and exclusions) |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Case number (if known) Document

Debtor 1 Brian Michael Patterson

|                                                             |                        |                                     |                                                                                                  | Debtor 1                                                                                  |                                                                                  |                                                          | Debtor 2                           |                      |                                                       |
|-------------------------------------------------------------|------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|----------------------|-------------------------------------------------------|
|                                                             |                        |                                     |                                                                                                  | Sources of income<br>Check all that apply.                                                | Gross inc<br>(before de<br>exclusions                                            | ductions and                                             | Sources of inc<br>Check all that a |                      | Gross income<br>(before deductions<br>and exclusions) |
|                                                             |                        | / 1 of currer<br>filed for ban      | nt year until<br>kruptcy:                                                                        | ■ Wages, commissions, bonuses, tips                                                       |                                                                                  | \$26,751.63                                              | ☐ Wages, com bonuses, tips         | missions,            |                                                       |
|                                                             |                        |                                     |                                                                                                  | ☐ Operating a business                                                                    |                                                                                  |                                                          | ☐ Operating a                      | business             |                                                       |
| For last calendar year:<br>(January 1 to December 31, 2017) |                        | ■ Wages, commissions, bonuses, tips |                                                                                                  | \$41,871.00                                                                               | ☐ Wages, com bonuses, tips                                                       | missions,                                                |                                    |                      |                                                       |
|                                                             |                        |                                     |                                                                                                  | ☐ Operating a business                                                                    |                                                                                  |                                                          | Operating a                        | business             |                                                       |
|                                                             |                        | dar year bei<br>December            |                                                                                                  | ☐ Wages, commissions, bonuses, tips                                                       |                                                                                  | \$28,973.00                                              | ☐ Wages, com bonuses, tips         | missions,            |                                                       |
|                                                             |                        |                                     |                                                                                                  | Operating a business                                                                      |                                                                                  |                                                          | Operating a                        | business             |                                                       |
|                                                             | winnings.  List each s | If you are fili                     | ng a joint cas                                                                                   | pensions; rental income; inte<br>e and you have income that<br>me from each source separa | you received                                                                     | together, list it o                                      | only once under De                 | ebtor 1.             | a gambling and lottery                                |
|                                                             |                        |                                     |                                                                                                  | Debtor 1                                                                                  |                                                                                  |                                                          | Debtor 2                           |                      |                                                       |
|                                                             |                        |                                     |                                                                                                  | Sources of income Describe below.                                                         | each soul                                                                        | ductions and                                             | Sources of inc<br>Describe below   |                      | Gross income<br>(before deductions<br>and exclusions) |
| Par                                                         | t 3: List              | : Certain Pa                        | yments You                                                                                       | Made Before You Filed for                                                                 |                                                                                  | ,                                                        |                                    |                      |                                                       |
| 6.                                                          | Are either ☐ No.       | Neither De individual p             | ebtor 1 nor D<br>primarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cr | each creditor to whom you pa<br>editor. Do not include payme                              | umer debts. On the purpose."  did you pay any aid a total of \$6 ants for domes. | y creditor a tota<br>5,425* or more<br>tic support oblig | al of \$6,425* or mor              | re?<br>rments and th | he total amount you                                   |
|                                                             |                        | * Subject                           |                                                                                                  | payments to an attorney for to an 4/01/19 and every 3 year                                |                                                                                  |                                                          | or after the date o                | f adjustment         |                                                       |
|                                                             | ■ Yes.                 |                                     |                                                                                                  | r both have primarily constre you filed for bankruptcy, d                                 |                                                                                  | y creditor a tota                                        | al of \$600 or more?               |                      |                                                       |
|                                                             |                        | ■ No.                               | Go to line 7                                                                                     |                                                                                           |                                                                                  |                                                          |                                    |                      |                                                       |
|                                                             |                        | □ Yes                               | include pay                                                                                      | each creditor to whom you pa<br>ments for domestic support o<br>this bankruptcy case.     |                                                                                  |                                                          |                                    |                      |                                                       |
|                                                             | Creditor'              | s Name and                          | d Address                                                                                        | Dates of payme                                                                            | ent To                                                                           | otal amount paid                                         | Amount you still owe               | Was this p           | payment for                                           |

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| 7.                                                                                                                                                                                                                                                                                                                                                                                | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any ger<br>control, or owner of 20% of | neral partners; partners partners or more of their votin | erships of which yog<br>g securities; and a | ou are a gener<br>ny managing a | al partner; corporations<br>agent, including one for |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|---------------------------------|------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Yes. List all payments to an insider.                                                                                                                                                              |                                                              |                                                          |                                             |                                 |                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                   | Insider's Name and Address                                                                                                                                                                           | Dates of payment                                             | Total amount paid                                        | Amount you still owe                        | Reason for                      | this payment                                         |  |
| 8.                                                                                                                                                                                                                                                                                                                                                                                | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost                                                                                                    |                                                              | yments or transfer a                                     | any property on a                           | ccount of a d                   | ebt that benefited an                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                   | <ul><li>No</li><li>☐ Yes. List all payments to an insider</li></ul>                                                                                                                                  |                                                              |                                                          |                                             |                                 |                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                   | Insider's Name and Address                                                                                                                                                                           | Dates of payment                                             | Total amount paid                                        | Amount you still owe                        |                                 | this payment<br>ditor's name                         |  |
| Pai                                                                                                                                                                                                                                                                                                                                                                               | t 4: Identify Legal Actions, Repossession                                                                                                                                                            | ns, and Foreclosures                                         |                                                          |                                             |                                 |                                                      |  |
| 9.                                                                                                                                                                                                                                                                                                                                                                                | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                                     |                                                              |                                                          |                                             |                                 |                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                   | Case title Case number                                                                                                                                                                               | Nature of the case                                           | Court or agency                                          |                                             | Status of the                   | ne case                                              |  |
| 10.                                                                                                                                                                                                                                                                                                                                                                               | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.                                              | w.                                                           | erty repossessed, f                                      | oreclosed, garnis                           | shed, attache                   | d, seized, or levied?                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                   | Creditor Name and Address                                                                                                                                                                            | Describe the Property                                        |                                                          |                                             | Date Value of the property      |                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                      | Explain what happene                                         | d                                                        |                                             |                                 |                                                      |  |
| <ul> <li>Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from accounts or refuse to make a payment because you owed a debt?</li> <li>No</li> <li>Yes. Fill in the details.</li> <li>Creditor Name and Address</li> <li>Describe the action the creditor took</li> <li>Date action was</li> </ul> |                                                                                                                                                                                                      |                                                              |                                                          |                                             | amounts from your Amount        |                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                      |                                                              |                                                          | taker                                       |                                 |                                                      |  |
| 12.                                                                                                                                                                                                                                                                                                                                                                               | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  No Yes                                                                                                      |                                                              | erty in the possess                                      | ion of an assigne                           | e for the ben                   | efit of creditors, a                                 |  |
| Pai                                                                                                                                                                                                                                                                                                                                                                               | t 5: List Certain Gifts and Contributions                                                                                                                                                            |                                                              |                                                          |                                             |                                 |                                                      |  |
| 13.                                                                                                                                                                                                                                                                                                                                                                               | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.                                                                                                          | otcy, did you give any gift                                  | s with a total value                                     | of more than \$60                           | 0 per person                    | ?                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person                                                                                                    | Describe the gifts                                           |                                                          | Dates<br>the g                              | s you gave<br>ifts              | Value                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                   | Person to Whom You Gave the Gift and Address:                                                                                                                                                        |                                                              |                                                          |                                             |                                 |                                                      |  |

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17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who

Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

**Person Who Received Transfer** Address Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details. П

Name of trust

Description and value of the property transferred

**Date Transfer was** made

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Debtor 1 **Brian Michael Patterson** 

| Pa  | rt 8:                                                                                                                                                                                                                                                                                                                                                                                                | List of Certain Financial Accounts, Ins                                                                                            | struments, Safe Depos                                       | it Boxes, and S    | torage Unit  | ts                                                   |                                               |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------|--------------|------------------------------------------------------|-----------------------------------------------|--|
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. |                                                                                                                                    |                                                             |                    |              |                                                      |                                               |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                      | No<br>Yes. Fill in the details.                                                                                                    |                                                             |                    |              |                                                      |                                               |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                      | me of Financial Institution and dress (Number, Street, City, State and ZIP le)                                                     | Last 4 digits of account number                             | Type of acco       | ount or      | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |
| 21. |                                                                                                                                                                                                                                                                                                                                                                                                      | you now have, or did you have within 1 y<br>h, or other valuables?                                                                 | year before you filed fo                                    | or bankruptcy, a   | ny safe de   | posit box or other deposi                            | tory for securities,                          |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                      | No<br>Yes. Fill in the details.                                                                                                    |                                                             |                    |              |                                                      |                                               |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                      | me of Financial Institution<br>dress (Number, Street, City, State and ZIP Code)                                                    | Who else had ac<br>Address (Number,<br>State and ZIP Code)  |                    | Describe     | the contents                                         | Do you still have it?                         |  |
| 22. | Hav                                                                                                                                                                                                                                                                                                                                                                                                  | re you stored property in a storage unit o                                                                                         | or place other than you                                     | r home within 1    | 1 year befo  | re you filed for bankruptc                           | y?                                            |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                      | No                                                                                                                                 |                                                             |                    |              |                                                      |                                               |  |
|     | LI<br>No                                                                                                                                                                                                                                                                                                                                                                                             | Yes. Fill in the details.                                                                                                          | Whe also has an                                             | had assess         | Deceribe     | the centents                                         | De veu etill                                  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                      | me of Storage Facility dress (Number, Street, City, State and ZIP Code)                                                            | Who else has or to it? Address (Number, State and ZIP Code) |                    | Describe     | the contents                                         | Do you still have it?                         |  |
| Pa  | rt 9:                                                                                                                                                                                                                                                                                                                                                                                                | Identify Property You Hold or Control                                                                                              | for Someone Else                                            |                    |              |                                                      |                                               |  |
| 23. |                                                                                                                                                                                                                                                                                                                                                                                                      | you hold or control any property that so someone.                                                                                  | meone else owns? Inc                                        | lude any prope     | rty you bor  | rowed from, are storing fo                           | or, or hold in trust                          |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                      | No<br>Yes. Fill in the details.                                                                                                    |                                                             |                    |              |                                                      |                                               |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                      | ner's Name<br>dress (Number, Street, City, State and ZIP Code)                                                                     | Where is the pro<br>(Number, Street, City,<br>Code)         |                    | Describe     | the property                                         | Value                                         |  |
| Pa  | rt 10:                                                                                                                                                                                                                                                                                                                                                                                               | Give Details About Environmental Info                                                                                              | ormation                                                    |                    |              |                                                      |                                               |  |
| For | the p                                                                                                                                                                                                                                                                                                                                                                                                | ourpose of Part 10, the following definition                                                                                       | ons apply:                                                  |                    |              |                                                      |                                               |  |
|     | toxi                                                                                                                                                                                                                                                                                                                                                                                                 | rironmental law means any federal, state<br>c substances, wastes, or material into tl<br>ulations controlling the cleanup of these | he air, land, soil, surfac                                  | ce water, groun    |              |                                                      |                                               |  |
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.                                                                                                                                                                                                 |                                                                                                                                    |                                                             |                    |              |                                                      |                                               |  |
|     | Haz                                                                                                                                                                                                                                                                                                                                                                                                  | ardous material means anything an envi<br>ardous material, pollutant, contaminant,                                                 | rironmental law defines                                     | as a hazardous     | s waste, ha  | zardous substance, toxic                             | substance,                                    |  |
| Rep | ort a                                                                                                                                                                                                                                                                                                                                                                                                | II notices, releases, and proceedings the                                                                                          | at you know about, reg                                      | ardless of whe     | n they occı  | urred.                                               |                                               |  |
| 24. | Has                                                                                                                                                                                                                                                                                                                                                                                                  | any governmental unit notified you that                                                                                            | t you may be liable or p                                    | ootentially liable | e under or i | n violation of an environr                           | nental law?                                   |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                      | No                                                                                                                                 |                                                             |                    |              |                                                      |                                               |  |
|     | П                                                                                                                                                                                                                                                                                                                                                                                                    | Yes. Fill in the details.                                                                                                          |                                                             |                    |              |                                                      |                                               |  |

Name of site

Address (Number, Street, City, State and

Governmental unit

ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Date of notice

Environmental law, if you

know it

Case 18-17204 Doc 1 Filed 06/15/18 Entered 06/15/18 16:55:49 Page 38 of 51 Document ase number (if known) Debtor 1 **Brian Michael Patterson** 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it **ZIP Code)** 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Brian Michael Patterson Signature of Debtor 2 **Brian Michael Patterson** Signature of Debtor 1

Date June 15, 2018 Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Brian Michael Patterson

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| Fill in this inform             | mation to identify your   | case.                 |                                                                                                    |                                                          |
|---------------------------------|---------------------------|-----------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                 |                           |                       |                                                                                                    |                                                          |
| Debtor 1                        | Brian Michael Pat         | Middle Name           | Last Name                                                                                          | -                                                        |
| Debtor 2<br>(Spouse if, filing) | First Name                | Middle Name           | Last Name                                                                                          | _                                                        |
|                                 |                           |                       |                                                                                                    |                                                          |
| United States Ba                | ankruptcy Court for the:  | NORTHERN DIS          | TRICT OF ILLINOIS                                                                                  | -                                                        |
| Case number                     |                           |                       |                                                                                                    |                                                          |
| (if known)                      |                           |                       |                                                                                                    | ☐ Check if this is an amended filing                     |
|                                 |                           |                       |                                                                                                    |                                                          |
| Official Fo                     |                           |                       |                                                                                                    |                                                          |
| Official Fo                     |                           |                       |                                                                                                    |                                                          |
| Statemer                        | nt of Intentio            | n for Indiv           | <u>riduals Filing Under Cha</u>                                                                    | pter / 12/15                                             |
| If you are an indi              | ividual filing under cha  | nter 7 vou must fil   | Il out this form if:                                                                               |                                                          |
|                                 | e claims secured by yo    | -                     | in out this form it.                                                                               |                                                          |
| _                               | sed personal property a   |                       | ot expired.                                                                                        |                                                          |
|                                 |                           |                       | you file your bankruptcy petition or by the da e time for cause. You must also send copies         |                                                          |
| on the                          | -                         | ie odari exterios tri | time for dauge. For must also some dopies                                                          | to the orealters and lessers you list                    |
|                                 | eople are filing togethe  | r in a joint case, bo | oth are equally responsible for supplying corr                                                     | ect information. Both debtors must                       |
| Re as complete a                | and accurate as nossih    | ale. If more snace is | s needed, attach a separate sheet to this form                                                     | On the top of any additional pages                       |
|                                 | our name and case nur     |                       | s needed, ditaon a separate sheet to this form                                                     | i. On the top of any additional pages,                   |
| Part 1: List Yo                 | our Creditors Who Have    | e Secured Claims      |                                                                                                    |                                                          |
|                                 |                           |                       |                                                                                                    |                                                          |
| 1. For any credit               | •                         | art 1 of Schedule D   | 2: Creditors Who Have Claims Secured by Pro                                                        | perty (Official Form 106D), fill in the                  |
| Identify the cre                | editor and the property t | hat is collateral     | What do you intend to do with the property secures a debt?                                         | that Did you claim the property as exempt on Schedule C? |
|                                 |                           |                       |                                                                                                    |                                                          |
|                                 | londa Financial Serv      | ices                  | ☐ Surrender the property.                                                                          | □ No                                                     |
| name:                           |                           |                       | Retain the property and redeem it.                                                                 | ■ Yes                                                    |
| Description of                  | 2014 Honda CTX 7          | <b>'00</b>            | Retain the property and enter into a<br>Reaffirmation Agreement.                                   | <b>—</b> 163                                             |
| property                        | motorcycle                |                       | ☐ Retain the property and [explain]:                                                               |                                                          |
| securing debt:                  |                           |                       |                                                                                                    |                                                          |
| Part 2: List Yo                 | our Unexpired Persona     | I Property Leases     |                                                                                                    |                                                          |
| For any unexpire                | ed personal property le   | ase that you listed   | in Schedule G: Executory Contracts and Une                                                         |                                                          |
|                                 |                           |                       | expired leases are leases that are still in effe<br>the trustee does not assume it. 11 U.S.C. § 36 |                                                          |
| December were                   |                           | t                     |                                                                                                    | Will the lease be accounted?                             |
| Describe your u                 | inexpired personal pro    | perty leases          |                                                                                                    | Will the lease be assumed?                               |
| Lessor's name:                  |                           |                       |                                                                                                    | □ No                                                     |
| Description of lea<br>Property: | ased                      |                       |                                                                                                    | ☐ Yes                                                    |
| -F7.                            |                           |                       |                                                                                                    | Li fes                                                   |
| Lessor's name:                  |                           |                       |                                                                                                    | □ No                                                     |
| Description of lease Property:  | ased                      |                       |                                                                                                    | ☐ Yes                                                    |
| . ,                             |                           |                       |                                                                                                    | <b>ப</b> 163                                             |
| Lessor's name:                  |                           |                       |                                                                                                    | □ No                                                     |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Deb | otor 1                          | Brian Michael Patterson                                         | Case number (if known                                       | n)                             |
|-----|---------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|
|     | scriptior<br>perty:             | n of leased                                                     |                                                             | ☐ Yes                          |
| Des | sor's na<br>scriptior<br>perty: | ame:<br>n of leased                                             |                                                             | □ No                           |
| Des | sor's na<br>scriptior<br>perty: | ame:<br>n of leased                                             |                                                             | □ No                           |
| Des | sor's na<br>scriptior<br>perty: | ame:<br>n of leased                                             |                                                             | □ No □ Yes                     |
| Des | sor's na<br>scriptior<br>perty: | ame:<br>n of leased                                             |                                                             | □ No □ Yes                     |
|     |                                 | Sign Below                                                      | licated my intention about any property of my estate that s | ecures a debt and any personal |
|     | erty th                         | nat is subject to an unexpired lease.<br>rian Michael Patterson | X                                                           | ecures a dest and any personal |
|     |                                 | n Michael Patterson<br>uture of Debtor 1                        | Signature of Debtor 2                                       |                                |
|     | Date                            | June 15, 2018                                                   | Date                                                        |                                |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-17204 Doc 1 Filed 06/15/18 Entered 06/15/18 16:55:49 Desc Main Document Page 46 of 51

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re       | Brian Michael Patterson                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    | Case No.                                                        |                                      |    |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------|----|
|             |                                                                                                                                                                                                                                                                                                                                   | Debtor(s)                                                                                                                                          | Chapter                                                         | 7                                    |    |
|             | DISCLOSURE OF COMPEN                                                                                                                                                                                                                                                                                                              | NSATION OF ATTO                                                                                                                                    | RNEY FOR D                                                      | EBTOR(S)                             |    |
| C           | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(ompensation paid to me within one year before the filing erendered on behalf of the debtor(s) in contemplation o                                                                                                                                                            | g of the petition in bankruptcy                                                                                                                    | , or agreed to be paid                                          | d to me, for services rendered or to | )  |
|             | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                       |                                                                                                                                                    | \$                                                              | 2,000.00                             |    |
|             | Prior to the filing of this statement I have received                                                                                                                                                                                                                                                                             |                                                                                                                                                    | \$                                                              | 2,000.00                             |    |
|             | Balance Due                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    | \$                                                              | 0.00                                 |    |
| 2. T        | he source of the compensation paid to me was:                                                                                                                                                                                                                                                                                     |                                                                                                                                                    |                                                                 |                                      |    |
|             | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                 |                                      |    |
| 3. T        | he source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                    |                                                                                                                                                    |                                                                 |                                      |    |
|             | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                 |                                      |    |
| 4. <b>I</b> | I have not agreed to share the above-disclosed compe                                                                                                                                                                                                                                                                              | ensation with any other persor                                                                                                                     | unless they are men                                             | nbers and associates of my law fir   | n. |
|             | I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                 |                                      |    |
| 5. I        | n return for the above-disclosed fee, I have agreed to ren                                                                                                                                                                                                                                                                        | nder legal service for all aspec                                                                                                                   | ts of the bankruptcy                                            | case, including:                     |    |
| b.<br>c.    | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of credito [Other provisions as needed]  Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou | ement of affairs and plan whic<br>rs and confirmation hearing, a<br>educe to market value; ex<br>ns as needed; preparation                         | h may be required;<br>nd any adjourned he<br>emption planning   | arings thereof;                      |    |
| б. В        | y agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any dis-<br>any other adversary proceeding.                                                                                                                                                                                           | does not include the followin chargeability actions, jud                                                                                           | g service:<br>icial lien avoidan                                | ces, relief from stay actions o      | r  |
|             |                                                                                                                                                                                                                                                                                                                                   | CERTIFICATION                                                                                                                                      |                                                                 |                                      | _  |
|             | certify that the foregoing is a complete statement of any nkruptcy proceeding.                                                                                                                                                                                                                                                    | agreement or arrangement fo                                                                                                                        | r payment to me for                                             | representation of the debtor(s) in   |    |
| Ju          | ne 15, 2018                                                                                                                                                                                                                                                                                                                       | /s/ Richard N. Go                                                                                                                                  |                                                                 |                                      |    |
| Da          | te                                                                                                                                                                                                                                                                                                                                | Richard N. Goldi<br>Signature of Attorn<br>The Golding Lav<br>500 North Dearb<br>Second Floor<br>Chicago, IL 6065<br>(312) 832-7885<br>RGOLDING@GO | ey<br>v Offices, P.C.<br>orn Street<br>44<br>Fax: (312) 755-572 | 20                                   |    |

### ATTORNEY-CLIENT CONTRACT FOR CHAPTER 7 BANKRUPTCY

The undersigned, Brian Michael Patterson, hereby retains the services of and employs The Golding Law Offices, P.C. in a case to be commenced under Chapter 7 of the United States Bankruptcy Code.

The legal services to be rendered are as follows: (1) preparation and filing of the petition, Statement of Financial Affairs; Schedules and other related documents as may be required in relation to your case; Statement of Intention, Means Testing Statement; (2) attendance at all meetings of creditors in the bankruptcy case; (3) negotiation, preparation and filing of any pleadings required to reaffirm your obligation to pay any debt or lease; preparation and filing to redeem any property, if applicable; attendance at any hearing on the valuation of property; attendance at any hearing on a motion to dismiss your case under § 707(b); handle communications with creditors during the pendency of your case regarding claims which creditors may have against you (but not including the preparation and filing of claim objections unless we agree upon that separately; and, if required (8) attendance at any reaffirmation or discharge hearing.

It is possible that the trustee assigned to your case, the U.S. Trustee, or any creditor may file a motion seeking dismissal of your case. If that happens, we will appear on your behalf at that hearing. We cannot promise you that the outcome of such a hearing will be in your favor, although we will use every reasonable argument and admissible evidence to achieve that result.

It is also possible that a creditor, the trustee or the U.S. Trustee may initiate a lawsuit against you to deny you your discharge, or to determine dischargeability of any debt. At this time that is excluded from the services described in this agreement. If we were to agree to represent you in such a case now, we would have to charge you for those services, and if no such case were filed, we would have to refund that portion of the fee-but not to you, as the funds would become property of the bankruptcy estate. If such a suit is filed, we will discuss retention of services, fees, and costs at that time. You would be under no obligation to retain the services of our firm for that work.

In consideration of the legal services to be rendered by The Golding Law Offices, P.C., the undersigned agrees to pay The Golding Law Offices, P.C. prior to the Chapter 7 case being filed, the sum of \$2,000.00 in cash or by cashier's check, inclusive of the filing fee of \$335.00 and the \$40.00 credit report fee. The undersigned has discussed with The Golding Law Offices, P.C. the restrictions on compensation as set forth in the Bankruptcy Code and understands that said representation which occurs subsequent to the commencement of the bankruptcy case may not by law be included in or charged against the monies paid to the Attorney prior to the filing of the bankruptcy petition, and that such services described above and subject to this agreement which occur after the petition which are billed separately will be billed at the rate of \$375.00 per hour for Jonathan Golding and \$475.00 per hour for Richard Golding. Post-petition charges for legal services may be paid only from monies which are not property of the estate or are earned by the undersigned after the date upon which the bankruptcy petition is filed.

It is further understood and agreed by the undersigned that they have not retained the services of The Golding Law Offices, P.C., at this time, to represent the undersigned in any adversary proceeding, contested matter or lawsuit which may be presently pending, or which may be commenced after the date of this agreement. Should the undersigned request such representation in any adversary proceeding, contested matter or lawsuit, the undersigned understands that such legal services will be in addition to those described above and will be billed to the undersigned at the rate of \$375.00 per hour for Jonathan Golding and \$475.00 per hour for Richard Golding.

In the event of a conflict between us with respect to the Legal Services or the billings and charges therefor, including but not limited to claims of errors or omissions, the same shall be submitted to binding arbitration in Chicago, Illinois, pursuant to the Rules of the American Arbitration Association.

The undersigned further understands that the representation described in this agreement does not in any way guarantee or represent to the undersigned that a discharge in bankruptcy will be obtained by the undersigned, or that all debts from which discharge can be sought will be included in any such discharge.

Signed and Agreed to this March 26, 2018.

The Golding Law Offices, P.C.

### United States Bankruptcy Court Northern District of Illinois

| In re | Brian Michael Patterson                    |                                                                         | Case No.       |                           |  |  |  |
|-------|--------------------------------------------|-------------------------------------------------------------------------|----------------|---------------------------|--|--|--|
|       |                                            | Debtor(s)                                                               | Chapter        | 7                         |  |  |  |
|       | VERIFICATION OF CREDITOR MATRIX            |                                                                         |                |                           |  |  |  |
|       |                                            | Number of C                                                             | reditors: _    | 15                        |  |  |  |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor                               | rs is true and | correct to the best of my |  |  |  |
| Date: | June 15, 2018                              | /s/ Brian Michael Patterson Brian Michael Patterson Signature of Debtor |                |                           |  |  |  |

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Barclays Bank Delaware Attn: Correspondence Po Box 8801 Wilmington, DE 19899

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chicago Orthopedic Sports Medicine 3000 N Halsted St #525 Chicago, IL 60657

Citibank/Best Buy Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citicards Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

Honda Financial Services PO Box 105027 Atlanta, GA 30348

Merchants' Credit Guide Co. 223 W. Jackson Blvd. #700 Chicago, IL 60606

Presence Health PO Box 74008843 Chicago, IL 60674 Square.com 1455 Market Street, Suite 600 San Francisco, CA 94103

Syncb/Ashley Homestore Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Banana Republic Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

T MOBILE PO BOX 742596 CINCINATI, OH 45274

US Dept. of Education PO Box 5609 Greenville, TX 75403